

# Health and Wellness Section II

Annual Report 2008–2009

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# Health and Wellness

# Annual Report — Section II 2008 – 2009

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# Section I

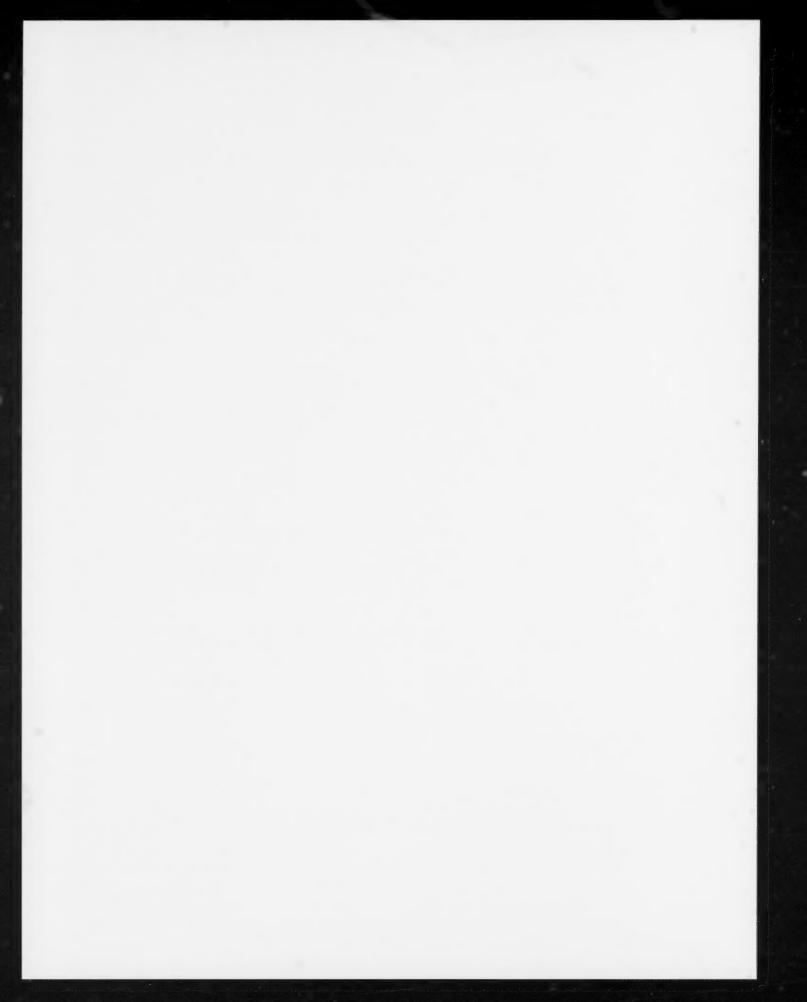
Section I of this report is published under separate cover. It provides an overview, results analysis and financial statements for the Ministry of Health and Wellness, as well as a summary of the financial statements for the health authorities.



# **Health Authorities Contact List**

As of April 1, 2009, the former nine regional health authorities and two provincial health boards were incorporated under Alberta Health Services. For further information please contact:

2008/2009 Health Authorities	Contact Phone Number
Alberta Health Services	780-342-2000
Chinook Regional Health Authority	
Palliser Health Region	
Calgary Health Region	
David Thompson Regional Health Authority	
East Central Health	
Capital Health	
Aspen Regional Health Authority	
Peace Country Health	
Northern Lights Health Region	
Alberta Mental Health Board	
Alberta Cancer Board	
Health Quality Council of Alberta	403-297-8162



#### FINANCIAL STATEMENTS

#### MARCH 31, 2009



Chinook Regional Health Authority

Financial Statements

March 31, 2009

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#### MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

#### FINANCIAL STATEMENTS

#### MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded. The Authority has established a code of ethics and corporate directives, which require communication of the code to employees.

The Authority members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial natters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures, which allow him to report on the fairness of the financial statements prepared by management.

[Original signed]

Dr. Stephen Duckett
President and Chief Executive Officer
- Alberta Health Services

[Original signed]

Les Tochor, CA Senior Vice President Finance - Alberta Health Services

(Original signed)

Chris Mazurkewich, CA Chief Financial Officer - Alberta Health Services



#### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of Chinook Regional Health Authority (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn] FCA Auditor General

Edmonton, Alberta June 11, 2009

### CHINOOK REGIONAL HRALTH AUTHORITY STATEMENT OF FINANCIAL POSITION MARCH 31, 2009

	2009	2008
ASSETS		
Current:		
Carlo, cash oppivalents and investments (Note 3)	3 22,467	3 31,372
Accounts receivable	9,531	10,363
Contributions receivable from Alberta Haakh and Wellsess Inventories	483	9,654
Properid experience	3,514	3,528
ringen expenses	36,797	1,769
Non-current costs, cash equivalents and investments (Note 3)	69,740	30.277
Contributions receivable	824	26,617
Capital ssents (Note 4)	193,617	190,482
Other assets (Note 5)	13,935	10,256
TOTAL ASSETS	3 314,912	\$ 304,318
LIABILITIES AND HET ASS	EIS	
Curret:		
Accounts psychic and account liabilities	\$ 33,778	\$ 29,063
Account vacation pay	14,617	13,201
Deferred contributions (Note 6)	23,563	24,304
Current portion of long-term debt (Note 8)	57	27
	72,015	66,615
Deferred contributions (Note 6)	724	589
Deferred capital contributions (Note 7)	67,292	42,359
Long-teem debi (Now 8)	57	
Deferred contributions - Healthy Aging Partnership (Note 9)	2,704	2,921
Unemortized external capital contributions	175,170	174,095
Other Habilities	1,519	2,464
	319,481	239,043
Net Assets (Limbilities): Utrestricted		
Accumulated deficit (Nov. 11)	(23,042)	(2,084)
Accumulated net unrealisted pains on investments (Note 2(a)(3)(v)		149
investment in capital assets	18,333	16,360
	(4,709)	15,125
Endowners	150	150
	(4,559)	15,275
Commitments and confingencies (Note 12)	1.001	
TOTAL LIABILITIES AND NET ASSETS	\$ 314,922	\$ 304,318

The accompanying actes and achestoles are part of these consolidated theretal systems.

# CHINOOK REGIONAL HEALTH AUTHORITY STATEMENT OF OPERATIONS For the Year Ended March 31, 2009 (In theoremen)

	20	009	2008
	Budget	Actual	Actual
	(Note 13)		
Revenue			
Alberta Health and Wellness contributions (Note 14)	\$ 315,776	\$ 321,559	\$ 299,264
Other government contributions (Note 15)	3,479	5,885	3,967
Pees and charges	11,766	19,887	18,398
Ancillary operacions (Note 16)	1,764	2,049	2,067
Donations	528	278	528
Investment and other income (Note 17)	11,903	11,002	11,325
Amortization of external capital contributions	13,437	14,373	13,830
TOTAL REVENUE	358,653	375,033	349,369
Expenses (Schafule 1)			
Inpatient acute nursing services	\$7,740	91,298	83,264
Emergency and corps tient services	21,803	21,807	20,397
Facility-based continuing care services	39,870	40,699	35,519
Community-based care	33,463	38,050	29,576
Home care	20,055	22,058	18,204
Diagnostic and therapeutic services	64,938	68,721	63,019
Promotion, prevention and protection services	15,946	16,605	14,096
Administration	13,997	16,615	15,436
Information technology	12,716	11,087	10,759
Support services	48,972	58,222	54,196
Amortization of facilities and improvements	8,535	8,856	8,210
TOTAL EXPENSES	368,035	394,018	352,676
Deficiency of revenue over expenses	3 (9,382)	\$ (18,985)	\$ (3,307)

The accompanying notes and schedules are part of these financial statements.

## CHINOOK REGIONAL HEALTH AUTHORITY STATEMENT OF CHANGES IN NET ASSETS For the Year Ended March 31, 2009

(in thousands)

			2009			2008
	Accumulated Deficit (Note 11)	Accumulated net unrealized gains/(losses) on investments	Investment in capital assets	Sub-Total	Endowments Total	Total
Balance at beginning of year	\$ (2,084) \$	849	\$ 16,360	\$ 15,125	\$ 150 \$ 15,275	\$ 18,813
Deficiency of revenues over expenses	(18,985)			(18,985)	- (18,985)	(3,307)
Contributed assets				-		408
Capital assets purchased with internal funds	(6,233)	٠	6,233	•		
Amortization of internally funded capital assets	2,732	•	(2,732)	٠		•
Disposal of land	-		-			(19)
Transfer related to the acquisition of plant equipment from internally funded to externally funded sources	1,612		(1,612)	-		
Repayment of long-term debt used to fund capital assets	(84)		84			
Net unrealized losses on available for sale financial assets arising during the year	-	(643)	•	(643)	- (643)	(799)
Transfer of net realized gains (losses) on investments to revenue (Note 2(a)(3)(v)	•	(206)	~	(206)	- (206)	179
Balance at end of year	\$ (23,042) \$		\$ 18,333	\$ (4,709)	150 \$ (4,559)	\$ 15,275

The accompanying notes and schedules are part of these financial statements.

### STATEMENT OF CASH FLOWS

#### For the Year Ended March 31, 2009

(in thousands)

	20	09	2,008
	Budget	Active	Actual
	(Note 13)		
Cash generated from (used by):			
Operating activities:			
Deficiency of revenue over expenses	\$ (9,382)	\$ (18,985)	\$ (3,307)
Non-cash transactions:			
Amertizacion (Schedule I)	16,709	16,242	16,443
Greek assertization of external capital contributions	(13,432)	(14,373)	(13,824)
Loss on disposal of essets		270	3
	(6,100)	(16,246)	(685)
Changes to won-cash working capital acrosses	17,067	(10,520)	4,515
Cash generated from (used by) operations	10,917	(26,766)	3,830
Investing activities:			
Purchase of capital assets:			
internally fireded - equipment	(3,499)	(4,469)	(428)
Internally Rended - facility and improvements	(1,200)	(1,764)	(8,018)
externally finded - equipment	(2,864)	(1,731)	(6,189)
externally funded - facility and improvements	(13,772)	(12,442)	(5,640)
debt funded - equipment		(170)	(88)
Proceeds on sale of capital severs		329	105
Proceeds on sale of investments		10,724	11,185
Acquisition of investments		(11,586)	(11,861)
Alfocation (from) to current cash and investments	(26,692)	(49,458)	8,193
Capital seesa transferred			(408)
Changes in other assets	3,014	(3,679)	(2,415)
Changes in non-cash working capital account	*	26,874	
Changes in non-current contributions	24,214	25,793	(24,110)
Cash sand by investing activities	(20,799)	(21,579)	[34,694]
Firmeing activities:			
Capital contributions received	12,324	40,381	31,260
Change in non-cash working capital accounts			209
Principal payments on long-term debt	*	(84)	(209)
Proceeds from long-term debt		170	88 408
Capital agusts nunsferred		****	
Changes in ofter liabilities	22	(945)	44
Change in non-current deferred contributions	(390)	(82)	1,287
Cash generated from feareing activities	11,956	39,440	33,087
focusare (decrease) in cash, each equivalents and investments	2.074	(8,905)	2,723
Cash, each equivalents and investments, beginning of year	31,372	31,372	29,149

The accompanying notes and schedul as are part of those financial strements.

#### CHINOOK REGIONAL HEALTH AUTHORITY

#### NOTES TO THE FINANCIAL STATEMENTS

# (in thousands)

#### Note I Authority, Purpose and Operations

The Chinook Regional Health Authority ("the Authority") was established on June 24, 1994 under the Alberta Regional Health Authority Act, Chapter R-10, Revised Statutes of Alberta 2000. The Authority is exempt from the payment of income tax and is also a registered charity under the Income Tax Act. Effective April 1, 2009 the Authority will be disestablished and all the assets and liabilities will be transferred to Alberts Health Services (Note: 20).

The Authority delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

The Authority's operations include the following facilities and sites:

#### Rural Hospital/Health Centre Sites

- · Chinook Health Milk River Health Centre
- · Chinook Health Pincher Creek Health Contre
- · Chinook Health Taber Health Centre
- . Chinook Health Fort Macleod Health Centre
- . Chinook Health Crowsnest Pass Health Centre
- Chinook Health Raymond Health Centre
- · Chinook Health Cardston Health Centre
- · Chinook Health Magrath Health Centre
- · Chinook Health Coaldale Health Centre
- · Chinook Health Piyami Health Centre

#### Community Health Sites:

- . Chimook Health Lethbridge Community Health Site
- . Chinook Health Vauxhall Community Health Site
- . Chinook Health Taber Community Health Site
- · Chinook Health Coaldale Community Health Site
- Chinook Health Raymond Community Health Site
- Chinook Health Crowsnest Pass Community Health Site
- · Chinook Health Magrath Community Health Site
- · Chinook Health Pincher Creek Community Health Site

#### Note 1 Authority, Purpose and Operations (continued)

#### Other Sites/Locations:

- · Chinook Regional Hospital
- . Chinook Health Children's CARE Centre
- · Chinook Health Raymond Care Centre
- Chinook Health Lethbridge Community Care Services
- · Chinook Health Community Mental Health
- · Chinook Health Population Health

These financial statements do not include the assets, liabilities and operations of my voluntary or private facilities providing health services in the region, except as disclosed in Note 18

#### Note 2 Significant Accounting Policies and Reporting Practices

#### (a) Basis of Presentation

- The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Pinancial Directive 34.
- (2) These financial statements were prepared on a consolidated basis and include the following:
  - (i) The Authority uses the proportionate consolidation method to account for its 50% interest in the Chinook Primary Care Network, a joint venture.
  - (ii) The Authority uses the proportionate consolidation method to account for its share in the Regional Shared Health Information Program ("RSHIP").
  - (iii) The controlled foundations are not consolidated.
- (3) These financial statements use the deferral method of accounting for contributions, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.
  - (ii) Externally restricted non-capital contributions are deferred and recognised as revenue in the year the related expenses are incurred.
  - (iii) Externally restricted capital contributions are recorded as deferred capital contribution until the amount is invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as reverse in the period the related emortization expense of the capital asset is recorded.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

- (iv) Endowment and restricted contributions to purchase capital assets that will not be amortised are recorded as direct increases to not seeds.
- (v) Investment income includes dividend and interest income, and restized and unrealized investment gains and losses. Unrealized gains and losses on availablefur-sale fluencial seets are included directly in net assets or deferred contributions as appropriete, until the asset is removed from the Statement of Financial Position or it is determined that an impairment of these financial assets is other than temporary. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

#### (b) Capital Disclosure

Effective April 1, 2008, the Amhority implemented new capital disclosure requirements per section 1535 in the CICA Handbook. For operating purposes, the Authority defines capital as including working capital and unrestricted net assets. For capital purposes, the Authority defines capital as including deferred capital contributions, long term debt, unamnotized external capital contributions, and investment in capital seasets.

The Authority's objectives for managing capital are:

- In the short term to safeguard the Authority's financial ability to continue to deliver health services; and
- In the long term to plan and to boild sufficient physical capacity to meet future needs for health services.

The majority of the Authority's operating funds are from Alberta Health and Wellness which is paid on the first of each month. As a result, significantly less working capital is required. The Authority monitors its working capital and cash flow forecasts.

Atherta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Authority funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants. The Authority borrows to finance capital investments related to succiliary operations since Alberta Health and Wellness does not fund anoillary operations.

Where a health authority has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 11).

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (c) Full cost

The Authority records the full cost of services for which it is responsible. Full cost transactions comprise the following:

- (1) Revenues that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as fees and charges of the Authority. An equivalent amount is recorded as contracted health service operator expense of the Authority.
- (2) Alberts Health and Weilness direct payments to contracted health service operators are recorded as revenue and a program expense as they represent part of the cost of the Authority's health programs costs.
- (3) Fair value to use non-scate care facilities not owned by the Authority and provided to the Authority at zero or nominal rent is recorded as other government contributions and as program expenses.
- (4) Other assets, supplies and service contributions that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. Volumeers' contributed services are not reported because a fair value cannot be reasonably determined.

#### (d) Employee Future Benefits

The Authority participates in the Local Authorities Pension Plan. This multi-employer defined benefit plan provides pensions for participating employers based on years of service and earnings. Defined contribution plan accounting is applied where information is insufficient to apply defined benefit plan accounting. Pension costs comprise the employer's contributions during the year, based on rates expected to provide benefits payable under the pension plans. The Authority does not record its portion of the plan's deficit or surplus.

The Authority provides a defined benefit Supplemental Executive Retirement Plan to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest according on the actuarial liability. The plan is unfended.

The Authority fully accrues its obligations for employee non-pension future benefits, including its self-insured extended health, dental and vision care plan.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (c) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2 (f).

Transaction costs associated with the acquisition and disposal of investments are expensed when incurred. The purchase and sale of investments are accounted for using the trade date.

#### (f) Financial Instruments

Initial measurement of financial instruments is at fair value and submiqueut measurement and recognition obanges in value depend upon the classification. Financial assets classified as "swallable-for-sale" are measured at fair value with changes in fair value recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and reconvables", and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest method.

The Authority has classified its financial seasts and financial liabilities as follows:

Financial Assets and Liabilities

Cash and eash equivalents
Investments
Accounts receivable, contributions receivable
Accounts reprivables
Cother financial liabilities
Long-term debt

Chartification

Available-for-sale

The Authority does not use fiedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Authority as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available-for-anile is other than temporary, the commitative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available-for-asic are not reversed.

The carrying values of current cash, cash equivalents and investments, accounts receivable, contributions receivable from Alberta Health and Wellness, and accounts payable approximate their fair value because of the short term nature of these items. It is management's opinion that the Authority is not exposed to significant interest, currency or credit risks arising from its femocial instruments.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (g) Inventories

In June 2007, the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of investories. The standard provides specific direction for not-fer-profit organizations to record inventories ded for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Authority adopted this new standard as of April 1, 2008, but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Investories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average) and current replacement cost. All other inventories are recorded as the lower of cost (defined as moving average) and not realizable value.

#### (h) Capital Assets

Capital assets and work in progress are recorded at cost.

Capital assets except lend, construction in progress and art are amortized over their estimated useful lives on a straight line basis as follows:

	Unoful Life
Land improvements	10 - 25 years
Buildings	20 - 40 years
Building Service Equipment	10 - 25 years
Equipment	3 - 15 years

Construction projects in progress are not amortized until the project is complete. Leases transferring substantially all of the benefits and risks of ownership of capital assets to the Authority are accounted for as acquisitions of capital assets financed by long-term obligations.

#### (i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. In order to determine whether an impairment of investments classified as available-for-sale is other than temporary, management considers specific factors including the nature and extent of the decrease in fair value of the investment below cost and the underlying credit risk associated with holding investments. Capital assets are amortized over their estimated useful lives. The amounts recorded for amortization of external capital contributions are based on estimates of the useful life of related assets. The Supplemental Executive Retirement Plan obligation is based on actuarial calculations. Actual results could differ from these estimates.

#### Note 3 Cash, Cash Equivalents and Investments

	200	19	2008		
	Fair Value	Cost	Fair Value	Cost	
		(in thou	eands)		
Cash	\$75,566	\$75,566	\$25,282	\$25,282	
Guaranteed investment certificates	3,308	3,308	13,358	13,358	
Bonds	10,922	10,905	10,882	10,515	
Equities	2,420	2,780	2,127	1,645	
	\$92,216	\$92,559	\$51,649	\$50,800	
Classified as:					
Current	\$22,467		\$31,372		
Non-current	69,749		20,277		
Total cash, cash equivalents and					
investments.	\$92,216		\$51,649		

- (a) At March 31, 2009 management determined that an impairment of investments classified as available-for-sale was other than temporary and therefore a cumulative loss has been recognized in the Statument of Operations (Note 17).
- (b) Guaranteed Investment Certificates ("GIC's") maturing on April 22, 2009, April 30, 2009, May 28, 2009, and July 21, 2009 dates are guaranteed by the Canada Deposit Insurance Corporation and bear interest at 3.44% paid annually. The effective yield of the GIC's is 3.44%.
- (c) To optimize returns at an acceptable level of risk, management has established a policy asset mix of 65% to 100% for fixed-income instruments, 0% to 25% for equities, and 0% to 20% for cash and cash equivalents. Risk is reduced through asset class diversification, diversification within each asset class and quality constraints on fixed-income and equity instruments. At March 31, 2009 cash included a bank account balance of \$72,572 (2008 \$18,969) that is menaged by Alberta Infrastructure and therefore excluded from the Authority's policy asset mix. The Primary Care Network cash and GIC's of \$5,022 (2008 \$3,913) are also excluded from the Authority's policy asset mix.
- (d) Fixed-income securities have an effective yield of 5.34% per year, and 5.23% per annum for securities maturing between 1 and 10 years. As at March 31, 2009, the fixed-income securities have the following maturity structure:

Government of Canada	Provincial	Corporate	Foreign
49.30%	13.79%	47.94%	0.00%
11.19%	49.54%	33.64%	53.85%
39.51%	36.67%	18.42%	46.15%
100.00%	100.00%	100.00%	100.00%
	of Canada 49.30% 11.19% 39.51%	of Canada  49.30% 11.19% 49.54% 39.51% 36.67%	of Canada Provincian Corporate 49.30% 13.79% 47.94% 11.19% 49.54% 33.64% 39.51% 36.67% 18.42%

(e) Equities comprise publicly-traded securities in reajor stock markets. Risk is reduced by prudent security selection and sector rotation.

#### Note 4 Capital Assets

Capital Assets		2009		2008
	,	Net Book. Value		det Book Value
		(in thou	rands)	
Suildings and improvements. Vork in program Cquipment Utormation systema offware licenses essabold improvements and suilding service equipment and improvements wher non-depreciable assuts	,	130,884 21,836 17,629 374 7,091 850 4,278 10,282 349 44	\$	138,109 7,630 17,728 654 8,738 935 4,278 11,922 424
		193,617	\$	190,482

	_				-	Cost				
		Reloce vil 1, 2008	n	metry.	(in the	Addison (	D	_		finipacu famil 31, 2009
Bulklings and improvements Work in programs Environment Instruments optimus Suffrage Bonness Lamakold Improvements Land Bulkling service aprijament Land Improvements Other non-depreciable sands	\$	259,546 7,530 58,139 18,698 12,772 1,384 4,278 17,418 4,682 44	\$	(134)	•	14,330 4,000 127 97		1,722	\$	257,844 21,834 61,818 10,915 12,810 1,334 4,778 16,623 4,688 44
Commission and	-	376,946			-	20.0%	-	1400	-	200.0

		Accumulated Americagion							
		finince ell 1, 2000	Carray		Americana on Grands Compands)		Men	A 31, 2009	
Buildings and inspresentate Equipment Information systems Software Formers Lesschold Improvements Building service equipment Lund Improvements	5	121,457 40,836 10,154 4,014 449 1,494 4,064	1	6,879 6,152 607 1,364 85 880 73	1	1376	\$	736,540 46,100 18,561 5,778 534 6,141 4,139	
	5	186,464	3	16,342		2,404	3	200,302	

#### Note 4 Capital Assets (continued)

#### (a) Land

Land at the Crowsnest Pass General and Auxiliary Hospital and Picture Butte Health Centre has been provided to the Authority at nominal value.

#### (b) Lessad equipment

Equipment was acquired through capital leases at a cost of \$170 (2008 - \$237) with accumulated amortization of \$57 (2008 - \$209).

#### Note 5 Other Assets

		2009		2006
		(in the	userds)	
Long-term receivable Supportive living options Participating physiciaes Grants receivable from East Central Health (Note 21)	\$	11,057 957	\$	9,224
Other		50		50
Deferred contract payments		12,064		9,284 972
	3	13,935	3	10,256

The amounts included in the Supportive Living Options are recoverable as services are rendered by the contracted health service provider over the life of the Continuing Care Agreement. The Continuing Care Agreement is for an initial term of 20 years effective from the date of commencement of operations, unless otherwise terminated. The deferred contract payments are amortized over the term of the related agreements. The average remaining term of the agreements at March 31, 2009 is 15.5 years.

The Authority provided financial assistance to participating physicians to assist in a portion of costs of the Sleep Aprex Clinic. Costs are reimbursed to the Authority over the term of the agreement.

### Note 6 Deferred Contributions

•	r the following purposes: 2009			2008	
		esends)	sands)		
Correct:					
Children's health	3	860	3	1,204	
Immunization programs		117		390	
Mental bealth-innovations funds		1,427		2,951	
Pallistive care		301		467	
Pandemic supplies		849		1,393	
Physician on call		928		1,905	
Primary once network		4,745		4,365	
Seniors' health		7,051		7,056	
Stanford management training		128		245	
Stroke strategy		907		615	
Telchealth programs		722		444	
Other		5,528		3,269	
		23,563		24,304	
Non-current:					
Donations		724		589	
		24,287	\$	24,893	

#### Note 7 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

		2009		2008
		(in the	usaudi	0
Equipment replacement Improvement of capital assets	\$	1,852 63,440	\$	2,681 39,678
	5	67,292	3	42,359

#### Note 8 Long-term Debt

	 (in the	usanda)	800
Obligations under capital leases. Less: current portion	\$ 114 57	\$	27 27
	\$ 57	3	

The Authority is committed to making payments as follows:

Year endine March 31	
2010	\$ 57
2011	 57
	\$ 114

The capital lease expires on March 31, 2011.

#### Note 9 Deferred Contributions - Healthy Aging Partnership

Funds received from Alberta Health and Wellness for the purpose of providing supportive living options to the Authority's residents are recorded as long-term deferred contributions.

During the year the Authority amortized \$217 (2008 - \$229) of the Healthy Aging Partnership program to community and home-based services and recognized as equal amount in revenue under Alberta Health and Wellness Contributions.

	2	1009	2	8000
		(in the	usanda)	
Alberta Health and Wellness contributions (Note 14) Investment and other iscome	\$	196 21	s	199 30
	3	217	3	229

#### Note 10 Long-Term Employee Benefits

Long	A 1 C an Embander penerus				
(a)	Supplemental Executive Retirement Plan		2009		2008
			(in the		
	A A benefit abliquies				
	Accrued benefit obligation	\$	1.182	2	821
	Accrued obligation, beginning of year	3	54		60
	Current service cost		70		52
	Interest cost		70		130
	Prior service cost		(317)		149
	Actuarial (gain) loss				
	Benefit payments		(32)		(30)
	Net accrued benefit obligation, end of year	5	957	\$	1,182
	Reconciliation of funded status of accrued benefit asset/l	iability			
	Net accrued benefit obligation	3	957	3	1,182
	Unrecognized actuarial gain (loss)		317		(149)
	Unrecognized prior service costs		-	-	(234)
	Reported liability	\$	1,274	5	799
	Current service cost	s	54	2	60
	Interest cost		70		52
	Amortization of prior service costs		234		130
	Amortization of net actuarial loss	-	149		173
	Net benefit cost	S	507	\$	415
			2009		2008
			8.00%		5.75%
	Discount rate		3 years		years
	Expected average remaining service life of employees Salary increase		5.00%		5.00%

The plan is unfunded.

#### (b) Pension expense

Pension expense related to the Local Authorities Pension Plan in these financial statements is equal to the Authority's annual contributions psyable of \$10,861 for the year ended March 31, 2009 (2008 - \$9,502). At December 31, 2008, the Local Authorities Pension Plan reported a deficiency of \$4,413,971 (2008 -deficiency of \$1,183,334).

Supplemental Executive Retirement Plan expense in these financial statements is equal to the net benefit cost of \$507 for the year ended March 31, 2009 (2008 - \$415).

#### Note 11 Accumulated Deficit

The Authority has reported an accumulated deficit at March 31. Per Alberta Regulation 15/95 of the RHA Act, Alberta Health Services will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the set accumulated deficit of all health regions combined, within three years of incurrence.

#### Note 12 Commitments and Contingencies

- (a) The Authority has outstanding contractual commitments related to facilities and improvements projects in the amount of \$21,400.
- (b) The Authority is contractually committed to future operating lease payments until 2013 as follows:

Year ending March 31	(in th	ousands)
2010	\$	793
2011		559
2012		547
2013		271
	5	2,170

- (c) The Authority has not recognized a liability of certain legal obligations, primarily special handling for the removal and disposal of encapsulated ashestos from facilities and equipment. The fair value cannot be reasonable estimated as the settlement dates are unknown.
- (d) The Authority, in the conduct of its normal activities, is named a defendant in various legal proceedings. While the ultimate outcome of these proceedings cannot be predicted at this time, it is the opinion of management that adequate provision for these proceedings have been made in the Authority's accounts. It is believed that the resolution of the proceedings will not have a material effect on the financial position of the Authority, however, should say loss result from the resolution of these proceedings, such amounts would be expensed as the related amounts become known to the Authority.
- (e) The Authority has been named as a defendant in a legal action in respect of increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filled against the Province of Alberta and the Regional Health Authorities. The amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied, which came into effect August 1, 2003. The outcome of the claim is not determinable.
- (f) The Authority contracts on an ongoing basis with voluntary and private health service operators to provide health services in the region (Note 18(g)). The Authority has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.

#### Note 13 Budget (in thousands)

The budget was prepared by management and submitted to the Minister of Health and Wellness. Over the course of the fiscal year, the Minister provided additional funding of \$2,084. The Board has allocated these additional resources to address funding expectations.

#### Note 14 Alberta Health and Wellness Contributions

		2009		2008
		(in tho	usend	0)
Unrestricted contributions	\$	306,093	\$	286,801
Transfers from deferred contributions Healthy aging partnership (Note 9) Primary care network (Note 18(c))		12,041 196 3,229		9,769 199 2,495
	s	321,559	s	299,264

#### Note 15 Other Government Contributions

	2009		2008
	 (in tho	usands	)
Persons with developmental disabilities South Alberta Board Transition grant from East Central Health (Note 21) Transfers from defend contributions Alberta Infrastructure	\$ 2,476 1,644 791 240	\$	2,281 - 867 143
	5,151		3,291
Fair value of rent less rent charges for non-acute care facilities used by the Authority	 734		676
	\$ 5,885	\$	3,967

#### Note 16 Ancillary Operations

	2009					2008	
	Revenue	Direct Expenses	Amortisation Expense	Total Equation	Excess of Reventes over Expenses	Revotate	Essent of Revenue over Expenses
				(in thousands)			
Parking operations Non-parises ford	\$ 385	\$ 122	\$6	\$ 128	\$257	\$ 407	2364
services	1,498	1,749	3	1,752	(254)	1,437	184
Lausdry operations	79	78	1	79		85	*
Other operations	87	113		113	(26)	138	2
	\$2,049	32,067	\$10	\$2,072	9(23)	92,067	\$430

Ancillary expenses are reported in support aervices in the Statement of Operations.

#### Note 17 Investments and Other Income

	2009		2008	
		(in thou	Hands)	
Investment income earned:				
Unrestricted resources	2	1,083	5	1,808
Other than temporary impairment of investments (Note 3)		(343)		-
Restricted resources for capital assets		11		22
Resources held for endowment		6		7
		757		1,837
Other income:				
Transfers from deferred contributions		4,735		3,345
Other		5,521		6,165
		11,013		11,347
Less amounts deferred:				
Restricted for capital asset acquisition		(11)		(22)
	S	11,002	S	11,325

Investment income is comprised of interest and dividends, gains or losses on the sale of investments, and other than temporary impairment of investments.

Other income is comprised of recoveries from sources external to the Authority for compensation, and materials and supplies.

#### Note 18 Related Parties

#### (a) Province of Alberta and Health Regions.

The Minister of Health and Wellness appoints the members of Alberta Health Services Board. The Board is economically dependent on the Ministry of Health and Wellness aince the viability of its operations depends on contributions from the Ministry.

The Authority had the following transactions with other health regions recorded on the Statement of Operations and Pinancial Position at the amounts of consideration agreed upon between the related parties:

	2009					
	Revenue	Expense	Receivable	Payable		
		(in th	ousanda)			
Other Regional Health Authorities and Provincial Health Boards	\$ 3,749	\$ 1,130	3 2,497	<u>s</u> -		
		2	1008			
	Revonie	Expense (in th	Receivable ousands)	Payable		
Other Regional Health Authorities and Provincial Health Boards	\$ 1,808	\$ 1,808	\$ 1,241	\$ 1,303		

#### Note 18 Related Parties (continued)

#### (b) Regional Shared Health Information Program ("RSHIP")

The seven non-metro health regions: Paltiser Health Region, David Thompson Health Region, Aspen Health Region, Northern Lights Health Region, Peace Country Health Region, Chinomic Regional Health Authority, East Central Health, have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative.

		2009	2008			
	(in thousands)					
Alberta Health and Wellness Funding Health Authority contribution	\$	\$ 45 1,036		683 1,983		
	\$	1,081	\$	2,666		

The Authority's proportionate share of expenditures and costs incurred directly are as follows:

		2009			
Expenses Capital assets		(in the	usands	)	
	\$	958 123	\$	1,442 1,224	
	5	1,081	\$	2,666	

The Authority accounts for its interest in RSHIP on a proportionate consolidation basis.

#### Note 18 Related Parties (continued)

#### (c) Primary Care Network

The Authority's interest in the Chinook Primary Care Network, a joint venture, is included in the financial statements under the proportionate consolidation method.

20	00		hare 2008
	(in thou	-	2005
Statement of Financial Position:	(an mon	,	
Cash, cash equivalents and investments	5,022	\$	3,913
Accounts receivable	37		639
Prepaid expenses	252		-
Capital assets	3		223
1	5,314	\$	4,775
Accounts payable and accrued liabilities \$	320	S	187
Deferred contributions	4,745		4,365
Unamortized external capital contributions	-		223
Accumulated deficit	(3)		-
Investments in capital assets	252		-
3	5,314	\$	4,775
Statement of Operations:			
Revenue (Note 14)	3,229	\$	2,495
Expenses	2,980		2,495
Excess of revenue over expenses \$	249	5	-

#### (d) Foundations

The Authority exercises control over the following Foundations by virtue of its ability to appoint a majority of the voting members of the Bourds of Directors. These Foundations were established under the Regional Health Authorities Act and are .>gistered charities under the locome Tax Act. The controlled Foundations are not consolidated in these financial statements. Financial information for these Foundations (in thousands) is as follows:

		2009			2008	
	Amets	Liabilitie	Not Assets	Asacts	Lisbilities	Net Assets
Crownest Pess Health Foundation	\$246	\$(3)	\$243	\$271	\$-	\$271
Cardiston and District Health Foundation	17	(11)	6	28	-	28
North County Health Foundation	49		49	74	(19)	55
Fort Macleod and District Health Foundation	74	-	74	76	(19)	57
Windy Slopes Health Foundation	71	(11)	60	78	(6)	72
		2009			2008	
	D	Consessed	Daniel Parkets	Batanton	Expenses	Dansan Definit
		NAME OF TAXABLE PARTY.	CALCULATION LANGEST		Access to the last of the last	PROPERTY AND PERSONS
Occurrent Pass Health Foundation	\$163	\$(191)	\$(28)	\$172	\$(128)	344
Crowsnest Pass Health Foundation Cordston and District Health Foundation	\$163 75	\$(191)	S(28) (22)	\$172 112	-	(2)
Cardston and District Health Foundation			(22)		\$(128)	
	75	(97)		112	S(128) (114)	(2)

#### Note 18 Related Parties (continued)

	Contributions Received   Year Ende		Resources held by Foundation Year Ended March 31, 2009			
	2009	2008	Externally Restrict	ed Unrestricted		
Crowsnest Pass Health Foundation	\$157	\$97	\$209	\$34		
Cardston and District Health Foundation	71	89	1	5		
North County Health Foundation	15	50	3	46		
Fort Macleod and District Health Foundation	20	19	5	69		
Windy Slopes Health Foundation	71	137	11	49		

The value of administrative support provided to the above Foundations for the year ended March 31, 2009 was \$103 (2008 - \$98). Of this amount, \$14 was receivable from the Foundations at year end (2008 - \$38).

#### (e) Other Foundations

The Authority has an economic interest in the Chinook Regional Hospital Foundation and the Taber and District Health Foundation by virtue of its representation on the Board of Directors. The Foundations were established to raise funds for use in the respective community. The Foundations were continued under the Regional Health Authorities Act and are registered charities under the Income Tax Act. Financial information for these Foundations (in thousands) is an follows:

		2009			2008	
	Agrets	Liabilities	Nos Auresa	Assets	Liabilities	Not Assess
Chinook Regional Hospital Foundation Taber and District Health Foundation	\$4,707 933	\$(117)	\$4,590 926	\$5,086 964	\$(150) (5)	\$4,936 959

	Contributions Received b		Resources hold by Year Ended M	
	2009	2008	Examply Restric	and Unrestricted
Chinook Ragional Hospital Foundation	\$317	\$392	\$4,124	\$466
Taker and District Houth Foundation	51	100	606	320

The value of administrative support provided to the above Foundations for the year ended March 31, 2009 was \$388 (2008 - \$301). Of this amount, \$92 was receivable from the Foundations at year end (2008 - \$115).

#### (f) Society of Friends of the Lethbridge Regional Hospital (the "Society")

The Authority significantly influences the Society through its provision of administrative and financial services and by representation on the Board. The Society is incorporated under the Societies Act of Alberta and operates the gift shop, telephone and television rentals, and other various fund-raising activities. All funds earned are used to support the activities of the Lethbridge Regional Hospital Site of the Authority by transferring funds through the Lethbridge Regional Hospital Foundation.

As at March 31, 2009, \$59 (2008 - \$56) was due to the Authority.

#### Note 18 Related Parties (continued)

#### (g) Contracts with Health Service Providers

The Authority has an economic interest through its contracts with voluntary and private health service operators to provide health services in the Authority. Funding was provided as follows:

	R	Direct ogional unding	Alth He wei	rect sorts sith ad locus ding	en i	Fees and herges d Other recome thousands)	C	uli ins	_	Total
2009 Voluntary houlth acrvice providers Private health service providers	5	16,689 49,223 65,912	3	<u>:</u>	3	3,872 4,757 7,829	\$	<u>:</u>	3	19,761 53,980 73,741
2008 Voluntary health service providers Private health service providers	3	14,516 38,776 53,292	1	:	3	2,948 4,661 7,609	5	<u>:</u>	\$	17,464 43,437 60,961

#### Note 19 Trust Funds

The Authority receives funds in trust from Alberta Health and Wellness for the Chinook Primary Care Network. This initiative is a trilateral agreement between the Alberta Medical Association, the Regional Health Authority, and Alberta Health and Wellness. Family physicians in communities in Southweatern Alberta are identifying ways to strengthen the services and care they have always delivered to their patients through the Chinook Primary Care Network. During the year, the Authority diabursed all funds held and received to the Chinook Primary Care Network.

The Authority also receives funds in trust from Ladies Auxiliary and from Society of Friends. The Authority invests these funds on behalf of the organizations. At March 31, 2009 the Authority held \$200 in trust for Ladies Auxiliary and \$100 in trust for Society of Friends. These amounts are not reflected in these financial statements.

#### Note 20 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health services delivery in Alberta. A single common board replaced the board members of each of Alberta's nine Regional Health Authority boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abase Commission (AADAC). Effective April 1, 2009, all of these entities including the Authority bot excluding East Central Health will be dissetablished and all of the assets, liabilities, rights and obligations of these entities including the Authority, will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

#### Schedule 1

# CHINOOK REGIONAL HEALTH AUTHORITY CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT FOR THE YEAR ENDED MARCH 31, 2009 (In thousands)

	2009				2008		
		Budget		Actual		Actual	
	(	Note 13)					
Salaries and benefits (Schedule 2)	5	212,596	3	219,261	5	197,050	
Contracts with health service operators (Note 18 (g))		60,809		73,741		60,901	
Drugs and gases		5,782		5,714		6,154	
Medical and surgical supplies		9,896		10,995		9,440	
Other contracted services		21,385		26,341		24,373	
Interest on long-term debt		11		3		11	
Other*		40,842		40,851		38,301	
Amortization:							
Capital equipment - internally funded		3,033		2,656		2,364	
Capital equipment - externally funded		5,198		5,669		5,854	
Facilities and improvements - internally funded		244		76		255	
Pacilities and improvements - externally funded		8,234		7,841		7,970	
Loss on disposal of assets		5	_	870	_	3	
	3	368,035	3	394,018	5	352,676	
*Included in other expense are the following:							
Supplies	\$	18,122	3	18,566	\$	16,655	
Minor equipment and maintenance		9,173		9,047		8,746	
Travel		4,575		4,683		4,097	
Utilities		6,160		5,858		5,789	
Other		2,812	-	2,697	_	3,014	
	\$	40,842	5	0,851	S	38,301	

#### Note 21 Transition and Restructuring Costs

As at March 31, 2009, the Authority recorded transition costs and restructuring charges in the Statement of Operations. The charges consist of severance costs and termination benefits, and other applicable transition expenses. In the Statement of Operations, these charges are included in Administration, Support Services, Facility-Based Continuing Care Services, and Impatient Acute Nursing Services.

	F	verance- leisted harges	C	Other harges nds of dollar	rs)	Total
Liability as at March 31, 2008 Amounts expensed Payments made during the year	\$	523 (523)	\$	164 (164)	\$	687 (687)
Liability as at March 31, 2009	5		\$	-	3	
Unfunded Supplemental Executive Retirement Plan	3		3	957	3	957

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AHS transitioning and the Authority has recorded a receivable from East Central Health for the trunsition costs incurred as described above.

The transition grant restrictions include payments for the unfunded status of the Authority's Supplemental Executive Retirement Plan. The Authority has recorded a non-current receivable from East Central Health for the amount of the accrued benefit obligation at the end of the year.

#### Note 22 Comparative Figures

Certain 2008 figures have been reclassified to conform to the 2009 presentation.

#### Note 23 Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

# SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

				2009					20	2008	
	FTE's (a)	Base Salary (b)	Other Cash Benefits (c)	Other Non-Cash Benefits <sup>stern</sup>	Subtotal	Number of Individuals	Severance	Total	FTE's (a)	Total	
Board Chair to				S-	s-		5-	S-		\$-	
Ken Hughes - AHS	0.88	S-	S- 7	3-	8	-		8	1.00	36	
Jack Ady	0.12	*	,	,		-	-		1.00	30	
Board Members **											
Jack Ady - AHS	0.88						-	~	•	-	
Pierre Crevolin - AHS	0.21	-			-		-	-	-	-	
Catherine Roozen - AHS	0.63						-	-	-		
Linda Hohol - AHS	0.88				-	-	-	-	-	-	
John Lehners - AHS	0.88		-	-			-	-			
Irene Lewis - AHS	0.88		-		-	•	-		-	-	
Don Sieben - AHS	0.88	-					-		*	-	
Lori Andreachuk - AHS	0.33				*		-	-	•	-	
Gord Bontje - AHS	0.33		-	-	*		-	-		-	
Teri Lynn Bougie - AHS	0.33	-		-	*	*	-		-	*	
Jim Clifford - AHS	0.33						•	-	-	-	
Strater Crowfoot - AHS	0.33		•	-		*	•	-		-	
Tony Franceschini - AHS	0.33	-	-		-	-	-	-	-	-	
Andreas Laupacis - AHS	0.33				•		-		-	-	
Gord Winkel - AHS	0.33				•	*	-			0	
Arthur Sanford	0.12	-	2	-	2	-	*	2	1.00	9	
Beverley Patterson	0.12	-	3		3		-	3	1.00	8	
Donna Bier	0.00	-		•	•			-	1.00	/	
Douglas Schindeler	0.12	-	3		3	-	•	3	1.00	,	
Inez Kelly	0.12	-	1	-	1		-	1	1.00	8	
James Farr	0.00			•	-		•	-	1.00	8	
Lloyd Hickman	0.12	-	3		3	-	•	3	1.00	8	
Phyllis Bishoff	0.12		3	-	3	•	-	3	1.00	8	
Roy Reti	0.12	-	2		2	-	-	2	1.00	-	
Sam Marra	0.12		4	-	4		-	4	1.00	13	
Thaine Olsen	0.12		3	-	3	•	•	3	1.00	8	
		- S-	\$31	\$1	\$ 32		\$-	\$ 32	12.00	\$ 126	
	9.96	3-	331	1							

## SCHEDULE OF SALARIES AND BENEFITS

## FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

		2009								2008	
	FTE's W	Base Salary (10)	Other Cush Benefits 40	Other Non-Cash Benefits 420	Subtotal	Number of Individuals	Severance	Total	FTE's to	Total	
Board Direct Reports **	0.02	5-	5-	S-	5-		\$-	\$-		S-	
President and Chief Executive Officer AHS** Interim Chief Executive Officer AHS **	0.02	3-	3-	•	•		•	•		•	
BROWN CHEL EXPORTIVE OTREET - Arts	0.88	-	-	-		-	-	-	~	-	
Chief Executive Officer wip	1.00	385	-	332	717	-	-	717	1.00	565	
CEO Direct Reports ** Chief Clinical Officer	1.00	338			338			338	1.00	348	
Chief Operating Officer in	0.92	97		206	303	1	523	826	1.00	382	
Chief Information Officer and	1.00	160		26	186			186	0.97	177	
Director Corporate Communications	1.00	121		22	143	-		143	1.00	121	
Director Corporate Pundmissing	1.00	104		25	129			129	0.54	64	
Director Corporate Planning & Support	1.00	114		20	134	-		134	1.00	127	
Director Workforce Planning	1.00	118		24	142			142	0.79	110	
Executive Director Labour Relations	1.00	124		24	148	-		148	1.00	142	
Executive Director People Strategies	0.93	109	8	23	140			140	1.00	141	
Executive Director Special Projects	0.22	27	3	6	36	-		36	0.52	84	
Foundations Consultant to	0.22	28		6	34	1	55	89	0.50	71	
Manager of Executive Suite	1.00	88	-	18	106		578	106 3,134	1.00	2,429	
	12.19	1,813	11	732	2,556	2	3/6	3,134	11.32	2,729	
Total Board and Executive	22.15	\$ 1,813	\$ 42	\$ 733	\$ 2,588	2	\$ 578	\$ 3,166	23.32	\$ 2,555	

## SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

				2009	)				200	08
	PTE's (a)	Base Salary <sup>(b)</sup>	Other Cash Benefits (c)	Other Non-Cash Benefits <sup>sum</sup>	Subtotal	Number of Individuals	Severance	Total	FTE's (a)	Total
Board and executive	22.15	\$ 1,813	\$ 42	\$ 733	\$ 2,588	2	\$ 578	\$ 3,166	23.32	\$ 2,555
Management reporting to CEO direct reports	12.22	1,655	Ī	309	1,965			1,965	11.26	1,781
Other managers	100.07	10,515	66	2,196	12,777	3	165	12,942	97.23	11,825
Medical doctors	5.04	1,561		104	1,665			1,665	5.08	1,707
Regulated nurses: RNs, RPNs, grad nurses LPNs	771.99 172.21	58,324 8,562	9,317 871	11,879 1,600	79,520 11,033		:	79,520 11,033	738.36 170.91	72,267 9,651
	1/2.21	8,302	971	1,000	11,033	•		11,033	170.91	9,031
Other health technical and professional	561.61	40,075	2,710	8,333	51,118		-	51,118	542.48	44,540
Unregulated health service	181.78	6,535	817	1,262	8,614			8,614	175.91	7,411
Other staff	902.87	39,518	1,572	8,086	49,176	4	62	49,238	884.79	45,313
Total	2,729.94	\$ 168,558	\$ 15,396	\$ 34,502	\$ 218,456	9	\$ 805	\$ 219,261	2,649.34	\$ 197,050

Schedule 2 (continued)

## CHINOOK REGIONAL HEALTH AUTHORITY

## SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

Supplemental Executive Retirement Plan

Supplemental executive Remember Plan		2009		2008			
	Current Service Cost	Other SERP Costs	Total	Total	Accrued Benefit Obligation March 31, 2008	Change in Accrued Benefit Obligation	Accrued Benefit Obligation March 31, 2009
Chief Executive Officer	\$ 33	\$ 277	\$ 310	\$ 253	\$ 515	\$ (121)	\$ 394
Chief Operating Officer (1)	21	169	190	153	305	(74)	231
Retired Executive	-	7	7	9	362	(30)	332
	\$ 54	\$ 453	\$ 507	\$415	\$1,182	\$ (225)	\$ 957

## SCHEDULE OF SALARIES, AND BENEFITS

### FOR THE YEAR ENDED MARCH 31, 2009

- a. Full-time equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed during the year was 4,529 (2008 4,413). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- b. Base salary includes pensionable base pay.
- c. Other cash benefits include honoraria, bonuses, overtime, and lump sum payments.
- d. Other non-cash benefits include:
  - Employer's current service and other costs of supplemental executive retirement plan per (f) below.
  - Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans.
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay.
- e. Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- f. Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executives may receive supplemental retirement payments. SERP costs are not cash payments in the period but are the period expense for rights to future compensation. SERP costs shown reflect the actuarially estimated cost to provide pension income over the post-employment period. SERP provides future pension benefits to participants based on years of service and earnings. See also accounting policy Note 2(d) Employee Future Benefits and Note 10 Long-term Employee Benefits.

Current service cost is the actuarial present value of the benefit earned in the fiscal year. Other SERP costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service cost, interest accruing on the actuarial liability and the full amount of any actuarial gain or loss in the period.

g. On May 15, 2008, the Authority's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.

Schedule 2 (continued)

## CHINOOK REGIONAL HEALTH AUTHORITY

## SCHEDULE OF SALARIES, AND BENEFITS

## FOR THE YEAR ENDED MARCH 31, 2009

- h. Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- i. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CEO AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO AHS are reported and disclosed in the financial statements of East Central Health.
- Effective July 8, 2008 the Chief Executive Officer of the Authority transitioned to the Chief Operating Officer Community and Rural AHS. Costs incurred
  are reported in the accounts of the Authority.
- k. CEO Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted in footnotes (I) to (o) below.
- Effective February 28, 2009 the incumbent received severance. Based on future SERP compensation benefits described under (f) above, the retired individual will receive monthly pension income of \$1,515 over an indefinite term.
- m. Effective February 5, 2009 the Chief Information Officer of the Authority transitioned to the Vice President, Rural and Primary Care Services AHS. Costs incurred are reported in the accounts of the Authority.
- Effective March 3, 2009 the Director of Corporate Communications of the Authority transitioned to the Service Lead, Clinical Programs and Services AHS.
   Costs incurred are reported in the accounts of the Authority.
- o. Effective September 15, 2008 the incumbent received severance.

### PALLISER HEALTH REGION

#### FINANCIAL STATEMENTS

March 31, 2009

Statement of Management Responsibility Auditor's Report Statement of Financial Position Statement of Operations Statement of Changes in Net Assets Statement of Cash Flows Notes to the Financial Statements Schedule 1 - Schedule of Expenses by Object Schedule 2 - Schedule of Salaries and Benefits

#### PALLINER HEALTH REGION

STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING Financial Statements March 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the financial directives issued by Alberta Health and Wellows, and of necessity include some amounts that are based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in secondance with governing legislation and are properly authorized, reliable financial records are maintained and sarets are adequately safeguarded.

The Region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the societ. The Auditor General of Alberta has from access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures which allow him to report on the fairness of the financial statements prepared by management.

#### [Original signed]

Chief Executive Officer- Alberta Health Services Dr. Stephen Duckett June 11, 2009

#### [Original signed]

Chief Financial Officer-Palliser Health Region Seemas O'Poarthain June 11, 2009

#### [Original signed]

Chief Financial Officer-Alberta Health Services Chris Mezzylewich June 11, 2009

The official version of this Report of the Auditor General, and the information the Report covers, is in printed form.

#### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of Palliser Health Region (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at March 31, 2008 and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated May 16, 2008.

[Original signed by Fred J. Dunn] FCA

Auditor General

Edmonton, Alberta June 11, 2009 PAILISER HEALTH REGION STATEMENT OF FINANCIAL POSITION March 31, 2009

	2009	2006
		(MA CONTO TO
ASSETS		- spite 19
ALIGNALO		
Correst assets:		
Cash, cash equivalents and investments (note 3)	\$32,155	\$30,33
Accounts receivable	7,867	6,425
Contributions receivable: from Alberta Health and Wellness	298	1,921
Inventorica	1,419	1,236
Propaid expenses	572	1,241
	42,311	41,168
Non-current advances - continuing care partnerships (note 4)	8,381	8,785
Other assets (note 5)	310	299
Chgátal asserte (note 6)	80,735	77,635
TOTAL ASSETS	\$131,737	\$127,887
LIABILITIES AND NET ASSETS		
Corrent linhilities:		
Accounts payable and accrued liabilities	\$15,570	\$14,225
Accrued vacation puy	8,946	8,512
Deferred contributions (note 7)	12,163	13,174
	36,679	35,914
Deferred contributions - continuing care partaceships (acte 4)	8,381	8,785
Unamentized external capital contributions	72,365	68,691
Not assets:		
Accountained surplus (note 9):		
Unrestricted net assets	5942	879
Internally restricted net assets:		4,675
Investment in capital assets	8.370	8,944
	14312	14,497

Commitments and contingencies (note 10)

The accompanying notes and schedules are part of these financial statements.

PALLISER HEALTH REGION STATEMENT OF OPERATIONS Your ended March 31, 2009 (thousands of chilles)

	2009	2009	2008
	Budget	Actual	Actua
	(note 11)		- note 19
Revenue:			
Alberta Health & Wellness contributions (note 12)	\$183,381	\$185,398	\$175,340
Other government coetabations (note 13)	3,505	4,660	3,284
Fees and charges	18,077	19,636	16,025
Ancillary operations (note 14)	1,017	1,163	1,091
Donations	300	468	285
Investment and other income (note 15)	4,005	3,138	4,955
Amortenation of external capital contributions	5,555	6,629	5,436
	215,840	221,092	206,416
Expenses (schedulo 1):			
Inputient acute nursing services	56,683	54,184	54,099
Emergency and outpetient services	13,119	12,735	12,382
Pacility-based continuing care services	26,133	25,996	23,996
Ground Ambulance Discovery Project	4,397	4,789	4,405
Community-based care	7,197	7,885	6,869
Home care	9,861	10,177	9,321
Diagnostic and therapeutic services	41,752	41,672	37,631
Promotion, prevention and protection services	5,991	6,215	5,927
Administration	9,413	9,923	8,653
Information technology	5,435	5,039	5,237
Support services	38,129	39,372	37,597
Amortization of facilities and improvements	3,080	3,290	2,985
A	221,140	221,277	209,104
Deficiency of revenue over expenses	(\$5,300)	(\$185)	(\$2,688)

The accompanying sytes and schedules are part of these financial statements.

PALLISER HEALTH REGION STATEMENT OF CHANCES IN NET ASSETS Year excled Migrch 31, 2009 (thousands of dollers)

	2009	2009	2009	2009	2009	2006
	Apromisio		Levestroom		Total	Total
	Unmatriced	Enternally		Net Unrealized		
	(acte: 9)	Restricted (some 9)	Assets	Losseson		
						- note 19
Deficiency of severass over exposus	(3125)	\$ .	1 .	\$ .	(\$185)	(\$2,688)
Capital easets perchased with foreral funds	(1,954)		1,954			
Autorismics on internally funded capital autous	2,528		(2,528)	*	-	
Transfer from internally metricted to unmetricted	4,675	(4,575)				
Outpliebre net realized losses on it	aventures()					
Unredized losers on available for sale financial assets, arising during the year		-		(1,987)	(1,987)	
Transfer of act unrealized leases on available for sale				1.987	1,587	
financial musts to severae (none 2 (0))				-		
Nat charge	5,064	(4,675)	(574)		(185)	(2,688)
Net assets, beginning of year	878	4,675	8,944		14,497	17,185
Net amera, and of year	35,942		\$8,370	3 -	\$14,312	\$14.497

The accompanying actor and schedules are past of these financial atatements.

#### PAYLISER HEALTH REGION STATEMENT OF CASH FLOWS Year ended March 31, 2009 (thousands of dollars)

	2009	2009	2008
	Budget	Actual	Actual
	(note 11)		(na resented - corie 19)
Cash generated from (used by):			- 1000 17)
Operating activities:			
Disticiency of revenue over expenses	(\$5,300)	(\$185)	(\$2,688)
Non cush transactions:			
Amortization of capital equipment - internally funded	2,600	2,528	2,369
Amortization of capital equipment - externally funded	2,525	3,339	2,451
Amort, of facilities & improvements - externally funded	3,030	3,290	2,985
Amortization of external capital contributions	(5,555)	(6,629)	(5,436)
Change in non-cash working capital	-	1,439	(1,563)
	(2,700)	3,782	(1,882)
Investing activities:  Purchase of capital assets:			
Internally funded - conjument	(2.600)	(1,954)	(1,098)
Externally funded - equipment	(1,992)	(5,070)	(3,662)
Externally funded - facilities and improvements	(3,055)	(5,233)	(6,186)
(Increase) decrease in other assets	(3,603)	(11)	
(Helens) determined as a	(7,647)	(12,268)	(10,923)
Financing activities:			
Capital contributions received	5047	10.303	9,848
	5047	10,303	9,848
Increase (decrease) in cash, cash equivalents & investments	(5,300)	1,817	(2,957)
and the same of the same of the same or the same of	(-,)	-9027	(4001)
Cash, cash equivalents and investments, beginning of year	30,338	30,338	33,295
Cush, cash equivalents and investments, end of year	\$25,038	\$32,155	\$30,338

The accompanying notes and schedules are part of these financial statements.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (themselds of folies)

#### 1. Authority, Purpose and Operations

Palliser Health Region ("the Region") was established June 24, 1994 under the Regional Health Authorities Act, and is a registered charity under the Income Tax Act and exempt from payment of Income tax. Effective April 1, 2009 the Region will be disestablished and all the assets and liabilities will be transferred to Alberta Health Services (Note 17).

The Region delivers appropriate, accessible and affordable beaith services in Alberts, operating programs that provoce, protect, maintain, restore and enhance physical and mental well-being.

The Region's operations include the following facilities and sites:

Basamo Health Centre
Bow Island Health Centre and Alfred Egas Home
Bow Island Community Health Office
Brooks Health Centre
Brooks Health Centre
Brooks Home Care Office
Medicine Hat Regional Hospital
Medicine Hat Community Health Office – Denancre Road
Medicine Hat Community Mestal Health Office – Provincial Building
Oyen Big County Hospital and Health Office – Provincial Building

These financial statements do not include the assets, liabilities and operations of voluntary or private facilities providing health services in the Region, except as disclosed in Note 16.

#### 2. Significant Accounting Policies and Reporting Practions

#### (a) Basis of Presentation

- The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Financial Directive 34.
- (2) These financial statements were prepared on a consolidated basis and include the following:
  - (i) The Region uses the proportionate consolidation method to account for its 50% interest in the Palliser Primary Care Network.
  - (ii) The Region uses the proportionate consolidation method to account for its share in the Regional Shared Health Information Program (RSHIP).
- (3) These financial statements use the deferral method, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

## 2. Significant Accounting Policies and Reporting Practices (continued)

- (ii) Restricted non-capital contributions are recognized as revenue in the year the related expenses are incorred.
- (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as revenue in the period the related amortization expense of the capital asset is recorded.
- (iv) Endowments and restricted contributions to purchase capital assets that will not be amortized are treated as direct increases to not assets.
- (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on available for sale financial easets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Financial Position. Unrealized gains and losses on held for trading financial assets are included in investment income and recognized as revenue in the Statement of Operations, deferred or reported directly in net assets, depending on the nature of any external restrictions imposed on the investment income. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when incurred.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

#### (b) Capital Disclosure

Reflective April 1, 2006, the Region implemented new capital disclosure requirements per acction 1535 of the CICA Handbook. For operating purposes, the Region defines capital as including working capital and turnestricted net assets. For capital purposes, the Regions defines capital as including deferred capital contributions, unamortized external capital contributions, and the investment in capital assets.

The Region's objectives for managing capital are:

- In the short term to safeguard the Region's financial ability to continue to deliver health services and
- In the long term to plan and to build sufficient physical capacity to meet future needs for health services.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (Bossmed of College)

## 2. Significant Accounting Policies and Reporting Practices (continued)

The majority of the Region's operating funds are from Alberta Health and Wellness which is paid on the first of each mouth. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants. The Region borrows to finance capital investments related to ancillary operations aince the department does not fund ancillary operations.

#### (c) Full Cost

The Region accounts for all costs of services for which it is responsible. Pair value transactions comprise:

- (i) Revenue that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges and as contracted health service expense.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as they represent part of the Region's health program costs.
- (iii) Fair value to use acute care facilities not owned by the Region is recorded as other government contributions or donations, and as program expense, since the Region's contract payments do not include amounts for use of these facilities.
- (iv) Pair value to use non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services a health region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunieurs' contributed services are not reported because a fair value cannot be reasonably determined.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

#### 2. Significant Accounting Policies and Reporting Practices (continued)

#### (d) Employee Future Benefits

The Region participates in the Local Amiliorities Pension Plan. This multi-comployer defined benefit pension plan provides pensions for participating employees based on years of service and earnings. Defined contribution plan accounting is applied where information is insufficient to apply defined benefit plan accounting. Pension costs comprise the employer's contributions during the year, based on rates expected to provide benefits payable under the pension plans. The Region does not record its portion of the plan's deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan (SRP) to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Not actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits semed in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The Region's SRP is fully funded.

#### (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted for using the actilement date accounting.

#### (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Pinancial assets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loss and receivables", financial liabilities classified as "other financial liabilities" and financial assets classified as "held to maturity" are measured at amortized cost using the effective interest method.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (themseds of dollar)

#### 2. Significant Accounting Policies and Reporting Practices (continued)

The Region has classified its financial assets and financial liabilities as follows:

Pinancjal Assets and Liabilities
Cash and cash equivalents
Investments
Accounts receivable
Accounts receivable
Accounts payable
Accounts payable
Accounts payable
Accounts payable
Accounts payable

At March 31, 2008 the Region classified its investments as held to maturity. At March 31, 2009, the Region no longer intends to hold these investments to maturity. Therefore, the Region re-categorized its investments as available for sale (note 3).

The Region does not use hedge accounting and accordingly, is not impacted by the requirement of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as a available for sale are not reversed.

The carrying value of cash, accounts receivable, contributions receivable, accounts payable and accrued liabilities and accrued vacation pay approximates their fair value because of the abort term nature of those items. Unless otherwise moted, it is management's opinion that the Region is not exposed to significant interest, currency or credit risks arising from its financial instruments.

#### (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CECA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (Novamed) of dollar)

#### 2. Simificant Accounting Policies and Reporting Practices (continued)

The Region adopted this new standard as of April 1, 2008, but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories held for consumption or distribution at no charge are recorded at the lower of cost (defined as weighted average cost) and current replacement cost. All other inventories are recorded at the lower of cost and net realizable value, with cost determined by the weighted average cost method.

#### (h) Capital Assets

Capital assets and work in progress are recorded at cost and amortized over their estimated neeful lives on a straight-line basis as follows:

	Useful Life		Useful Life
Buildings	40 усагя	Building service equipment	20 years
Land improvements	20 years	Vehicles and equipment	5-20 years

Work in progress is not amortized until after a project is complete. Lesses transferring substantially all benefits and risks of capital asset ownership are reported as capital asset acquisitions financed by long-term obligations.

#### (I) Measurement Uncertainty

The financial statements by their nature contain estimates and are subject to measurement uncertainty. Amounts recorded for amortization of capital assets and amortization of external capital contributions are based on estimates of the useful life of related assets. The Supplementary Retirement Plan is based on accurate calculations. Actual results could differ from these estimates. PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (throughly of dollars)

#### 3. Cash, Cash Equivalents and Investments

		2009	2	800
	Pair Market Value	Cost	Pair Market Value	Cont
Cash	\$ 11,362	\$ 11,362	\$ 6,270	\$ 6,270
Bonds	33,781	35,768	36,848	36,157
Less Health Foundation funds	(5,777)	(5,777)	(6,087)	(6,087)
Less Third Party funds	(7,211)	(7,211)	(6,002)	(6,002)
	\$ 32,155	\$ 34,142	\$ 31,029	\$ 30,338

To optimize returns at an acceptable risk level, management has established a policy asset mix of 0% to 100% for fixed-income securities and 0% for equities. Risk is reduced through diversification of issuers.

Bonds represent fixed income securities comprised of:

Canadian provincial bonds with effective yields of 5.69% to 6.28% (2008 - 5.69% to 6.28%) Corporate bonds with effective yields of 4.72% to 7.39% (2008 - 4.72% to 7.39%).

At March 31 the bonds have the following manurity structure:

	2009	2008
1 to 5 years	40%	45%
6 to 10 years	55%	47%
11 to 15 years	5%	8%
	100%	100%

Total pooled funds have a market value of \$1,987 less than book value (2008 - \$691 greater than book value). Valuation of bonds has been obtained from independent brokerage firms. At March 31, 2009, management determined that the impairment of investments classified as available for sale was other than temporary and therefore the cumulative loss has been recognized in the statement of operations.

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (Incomment of deliver)

#### 4. Non-Current Advances - Continuing Cure Partnerships

Funds received from Alberta Infrastructure and advanced for the construction of continuing care facilities in the Region, operated by voluntary/private health service contract operators, are recorded as a non-current advance.

The Region uses the Porgivable Mortgage Model for reporting the contribution and advancement of funds. Under this model, the Region finances the capital construction costs and extends an advance, which is secured by the facility and is forgivable for services sendered by the owner over the predicted life of the facility. The funding received is recorded as Deferred Contributions — Continuing Care Partnerships and each year a portion is included in revenue with an offsetting expense in accordance with the accounting policies for restricted contributions described in Note 2 (a) (3) (ii). The portion included in revenue, representing the amount forgiven during the year, is \$404 (2008 - \$405).

During 2002, funding of \$7.1 million was received from Alberta Infrastructure and advanced to the Good Samaritan Society for the construction of the 80 bed Southridge Village Project. 100% of the advance is to be forgiven over the period from 2002 to 2027.

During 2005, funding of \$4.013 million was received from Alberta Infrastructure and advanced to Club Sierra Lifestyles at River Ridge Inc. for the construction of the 50 bed Masterpiece Living Project. 90% of the advance is to be forgiven over the period from 2005 to 2035.

#### 5. Other Amets

On November 2, 2005, the Region initiated a Supplemental Retirement Plun (SRP) for certain senior executives, as noted in 2 (d). At March 31, 2009, the fair value of plan assets is \$1,307 (2008 - \$965), and the net asset is \$310 (2008 - \$299).

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of delliss)

#### 6. Capital Assets

				Con				
	1	pening Balance pr 1/08	A	Asset		Asset	M	Closing Balance far 31/09
Land	\$	852	\$	-	3		3	852
Buildings	1	11,967		10,224				122,191
Land/leasehold improvements		4,276		106		*		4,382
Building service equipment		17,578		1,556		-		19,134
Equipment		35,604		7,024				42,628
Construction in progress		8,710		(6,653)		*		2,057
	\$ 1	78,987	\$	12,257	\$	-	3	191,244

		Accum	alated	Amorti	ireti	on .		Net Book	k Va	luc
		Opening Balance Apr 1/08	Ad	ditions	M	Closing Balance for 31/09		2009	(m	2008 restand – note 19)
Land	3		\$		3	-	\$	852	\$	852
Buildings		66,632		2,833		69,465		52,726		45,335
Land/leasehold improve.		2,609		96		2,705		1,677		1,667
Building service equip.		13,575		361		13,936		5,198		4,003
Equipment		18,536		5,867		24,403		18,225		17,068
Construction in progress				*		-		2,057		8,710
	\$	101,352	5	9,157	3	110,509	5	80,735	3	77,635

#### Carital assets have been funded from the following sources:

	2009		2008
Externally funded (Unamortized External Capital Contributions) Internally funded (Investment in Capital Assets)	\$ 72,365 8,370	\$	68,691 8,944
	\$ 80,735	3	77,635

#### PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

# 7. Deferred Contributions

	2009	2008
Alberta Telestroke program	\$ -	\$ 20
Clinical Telebealth	507	151
Continuing care projects	283	584
Impovation in immunization		140
Innovation in pre-achool development	182	131
Mental health projects	534	1,270
Physician on call	383	939
Regional Health Promotion Coordinators - healthy weights	417	370
Security of systems	219	239
Pundemic funding		89
Public health safety - hand hygiene	243	300
Reducing and avoiding injury	640	723
Infrastructure - maintenance program and projects	6,055	5,411
Primary Care Network (Note 16 (c))	2,700	2,000
	\$ 12,163	\$ 13,174

# PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS

Merch 31, 2009 (thorsends of dollars)

# 8(a). Long Term Employee Benefits - Supplementary Retirement Plan

Reconciliation of funded status of secreted benefit asset: Funded status of plan (deficit) Unamortized actuarial loss Unrecognized initial obliquation Unamortized prior service costs Accrosed benefit suset.	\$	1,224 51 65 (260) (29) 1,051	3	876 57 48 2 247 (6) 1,234 (259) 384
Carrent service cost Interest cost Interest cost Actuarial (gain) loss Beachi pryacests Actuarial (gain) loss Beachi pryacests Actuarial obligation, out of year  Beconciliation of funded states of secreted benefit asset:  Funded status of plan (deficit)  Unamortized ectuarial loss  Unrecognized initial obligation  Unamortized prior service costs  Accroed benefit asset.	\$	51 65 (260) (29) 1,051	;	247 (6) 1,234
Carrent service cost Interest cost Interest cost Actuarial (gain) loss Beachi pryacests Actuarial (gain) loss Beachi pryacests Actuarial obligation, out of year  Beconciliation of funded states of secreted benefit asset:  Funded status of plan (deficit)  Unamortized ectuarial loss  Unrecognized initial obligation  Unamortized prior service costs  Accroed benefit asset.		(260) (29) 1,051 256 34	_	247 (6) 1,234 (259)
Prior service cost Advarial (gain) loss Becardi payments Accreed obligation, and of year Becardinates of funded stains of secreed benefit sweet: Punded stains of plan (deficir) Unamortized actuarial loss Unrecognized initial obligation Unamortized prior service costs Accreed benefit seet.		(260) (29) 1,051 256 34	_	247 (6) 1,234 (259)
Accuseful (gain) less Beacht payacels Accreed obligation, ead of year  Beconclination of funded states of secresed benefit suset: Runded states of plan (deficit) Unamortized actuarial loss Unrecognized initial obligation Unamortized prior service costs Accreed benefit seet		29) 1,051 256 34	_	247 (6) 1,234 (259)
Beartit payments Accraed obligation, and of year  Beconciliation of funded status of accraed benefit satet: Runded status of plan (deficit) Unamortized actuarial loss Unrecognized initial obligation Unamortized prior service costs Accraed benefit seet.		29) 1,051 256 34	_	(259)
Accreed obligation, cast of year  Browedits than of funded status of accreed benefit asset:  Randed status of plan (deficit)  Unamortized actuarial loss  Unrecognized initial obligation  Unamortized prior service costs  Accreed benefit asset.		1,051 256 34	_	1,234
Reconciliation of funded status of secreted benefit asset: Funded status of plan (deficit) Unamortized actuarial loss Unrecognized initial obliquation Unamortized prior service costs Accrosed benefit suset.		256 34	_	(259)
Punded status of plan (deficit) Unsconritued actuarial loss Unrecognized initial obligation Unsconritued prior service costs Accrued benefit seet.		34		
Punded status of plan (deficit) Unamortized actuarial loss Unrecognized initial obligation Unaccorrized prior service coats Accrued benefit asset.		34		
Unemortized actuarial loss Unercognized initial obligation Unemortized prior service costs Accraed benefit exert				20
Unrecognized initial obligation Unamortized prior service costs Accrued benefit asset		20		384
Unamortised prior service costs Accraed benefit seest		-		17
Accreed benefit sweet				1
De la de		310		29
Determination of net benefit cost for the year: Corrent service cost.		51		5
Lucient cost		65		4
Aggerization of initial obligation		153		
Americanics of prior service costs		1.33		_
Americanion of net acturial loss		128		4
Expected return on plan sasets		(32)		(23
Exposed Fetam on pain assets	5	365	\$	211
Benefit cont	-	363	-	241
Significant actorrial assumptions are as follows:		6.20%		5.209
Discount rate		6 years		3 years
Expected average sensiting service life of employees		4.00%		4,009
Salary increase		3.10%		2.601
Expected return on plan assets		3. 80%		2001
The above is based on the actuarial valuation performed at March 31, 2009.				
The Region's SRP is fully funded.				
Replayer contributions at March 31:				
Plan assets (held by trustee) - fair value of assets		628		48
Pfun muces (held by Canada Revenue Agency) - paid by refundable mores		679		47
Tona) plan assets	- 5	1,307	3	965
Femiled status of plan (deficit)	5	256	5	(259)

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (drownards of dollars)

# S(b). Long Term Employee Benefits - Pension Expense

Pension expense related to the Region's participation in the Local Authorities Pension Plan in these financial statements is equal to the Region's ansual contributions payable of \$6,140 for the year ended March 31, 2009 (2008 - \$5,702).

At December 31, 2008, the Local Authorities Pension Plan reported a deficiency of \$4.414 billion (December 31, 2007 - deficiency of \$1.183 billion).

Pension expense related to the Region's participation in Supplementary Retirement Plan in these financial statements is equal to \$365 for the year ended March 31, 2009 (2008 - \$211).

# 9. Accumulated Surplus

The Region's accumulated surplus comprises the following:

	2009	2008
		restated note 19)
Unrestricted net assets Internally restricted net assets:	\$ 5,942	\$ 878
Future capital equipment replacement		 4,675
	\$ 5,942	\$ 5,553

In 2009, the Alberta Health Services Board unrestricted all funds that were previously internally restricted.

# 10. Commitments and Contingencies

The Region has entered into various multi-year commitments for the purchase of supplies. Also, the Region contracts on an ongoing basis with unions and health service operators to provide services to the Region. These commitments have contracts terms varying from one to eight years in length, are part of the ordinary course of operations and are contracted for in upcoming years on similar terms to those in effect for the current fiscal year.

In the normal course of operations, various claims and lawsuits are brought against the Region. While it is not possible to estimate the ultimate liability, if any, the Region believes that there will be no material adverse effect on its financial position from these claims.

#### PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

The Region has been named as a defendant in a legal action in respect of increased long term care accommodation charges. The claim has been filed against the province of Alberta and the Regional Health Authorities. The amount of the claim is in excess of \$150 million, based on the amount of the increase in accommodation charges levied, which came into effect August 1, 2003. The outcome of the claim is not determinable.

With regard to its buildings, the Region has identified that certain costs could arise (asset retirement obligations) on decommissioning for which fair value cannot currently be reasonably estimated, due to the indeterminate timing and scope of when and bow the buildings might be decommissioned in the future. The asset retirement obligations for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

#### 11. Budget

The budget was approved by senior executive and submitted to the Minister of Health and Wellness on June 5, 2008.

#### 12. Alberta Health and Wellarm Contributions

	2009	2008
Unrestricted contributions	\$ 171,860	\$ 162,131
Transfers from deferred contributions	12,146	12.217
Legacy Mortgage Assistance Program for nursing home upgrades	192	192
Primary Care Network (note 16)	1,200	800
	\$ 185,398	\$ 175,340

#### 13. Other Government Contributions

		2009		2008
Persons with Developmental Disabilities - Alfred Egan Home	\$	3,094	\$	2,879
Transition grant from Hast Central Health (note 18)		1,056		
Emergency Medical Services grant from East Central Health		106		
Continuing care partnerships		404		405
	s	4,660	s	3,284

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS

March 31, 2009 (thousand of dollars)

# 14. Ancillary Operations

						2009			2008
Non-patient food services	Revenue		Direct venue Expenses		Excess of Revenue over Expenses		Revenue	Excess of Revenue over Expenses	
Parking operations Non-patient food services	\$	367 796	\$	108 796	\$	259	\$ 314 777	3	225
Total	S	1,163	5	904	\$	259	\$ 1,091	\$	225

Ancillary operations consist of the sale of goods and services that are not related to the direct provision of health services. Ancillary expenses are reported in the support services line in the Statement of Operations.

# 15. Investment and Other Income

		2009		2006
Investment income	5	1,954	\$	2,026
Other than temporary impairment of investments (note 3)	(1,987)			
Other income		3,171		2,929
	5	3.138	\$	4.955

Investment income comprises interest, amortization of discounts (premiums) and net gains on disposal of investments.

Other income comprises Student Health Initiative Program, WCB recoveries, rental income and miscellaneous recoveries.

#### PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

#### 16. Related Parties

# (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints the members of the Alberta Health Services Board. The Board is economically dependent upon the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

The Region had the following significant transactions with other health regions recorded on the Statement of Operations and Financial Position at the amounts agreed upon by the related parties:

			2	009						20	80		
	Rovenue	Expe	nge	Receivable	Pays	ble	Ren	1000	Expe	300	Receivable	Pare	hk
Other regional health authorities and provincial health bourds	\$ 1,814	3		\$ 4,433	3			670	5		\$ 2,165	s	
Total	\$ 1,814			\$ 4,433	\$	-	\$	670	3		\$ 2,165	3	_

# (b) Regional Shared Health Information Program (RSHIP)

The seven non-metro health regions (Palliser Flealth Region, Chinook Regional Health Authority, David Thompson Health Region, Bast Central Health, Aspen Elealth Region, Peace Country Health, Northern Lights Health Region) have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative.

RSHIP transactions recorded in the financial statements are as follows:

		2009		2008
Alberta Health and Wellness funding Health region contribution	\$	1,067 602	\$	1,091 569
		1,669	\$	1,660
Reported as follows: Expenses	5	602	s	569
		1,067	_	1,091
	5	1,669	\$	1,660

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

# (c) Primary Care Network

During 2007, a Primary Care Network (PCN) commenced operation within the Region. The Region's 50% share of the PCN is included in the financial statements under the proportionate consolidation method, as follows:

	2009	 2008
Statement of Financial Position:		
Cash and cash equivalents	\$ 2,700	\$ 2,000
Deferred contributions	2,700	2,000
Statement of Operations:		
Revenue (note 12)	\$ 1,200	\$ 800
Expenses	1,200	800

# (d) Foundations

The Region has economic interest in the following foundations:

			2009				2006						
	A	sets	Liabilities	Ne	Not Assets		Assets		Liabilities		Net Assets		
Вазялю	\$	35	-		\$ 3	15	\$	75		-	\$	75	
Bow Island		103			10	13		141				141	
Brooks		623	-		62	13		670		*		670	
Medicine Hat	4	1,741	-		4,74	I		1,923		-		4,923	
Oyen		286	-		28	16		286				286	
Total	\$ :	5,788	-		5,78	18	5 (	5,095		~	\$	6,095	

	Rev	enue	Exper	0.500	Defic	iency	Revenue		Exp	CTLOCS	Excess		
Bassano	\$	31	\$	71	\$	(40)	\$	56	\$	6	\$	50	
Bow Island		43		82		(39)		111		101		10	
Brooks		339		387		(48)		230		157		73	
Medicine Hat		935	1	,117		(182)	1	,390		915		475	
Oyen		54		54		-		81		18		63	
Total	\$ 1	,402	\$ 1	,711	3	(309)	\$ 1	,868	5	1,197	\$	671	

#### PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (housends of dollars)

Contributions received by the Region during the year, representing the funding of capital and non-capital items selected by the foundations, are as follows:

	2009	2008
Bassano & District Health Foundation	\$ 70	\$ 6
Bow Island & District Health Poundation	77	101
Brooks & District Health Foundation	374	143
Medicine Hat & District Health Foundation	931	757
Oyen & District Health Care Foundation	52	15
	\$ 1,504	\$ 1,022

Resources held by the foundations at the end of the year, representing funds which must be used for specific communities, are as follows:

		nres- icted	Exter Restr			2009 Total		2008 Total
Bassano & District Health Poundation	S	10	3	25	\$	35	8	75
Bow Island & District Health Foundation		78		25	_	103	-	142
Brooks & District Health Foundation		326		297		623		670
Medicine Hat & District Health Foundation	3	562	1	.179		4.741		4.923
Oyen & District Health Care Foundation		278		8		286		285
	\$ 4	254	\$1	,534	3	5,788	\$	6,095

# (e) Private Health Service Providers

The Region has an economic interest through its contracts with private health service providers. Punding was provided as follows:

	2009	2008
Direct Region funding Alberta Health & Wellness funding	\$ 29,430 192	\$ 26,745 192
Pees and charges	7,200	6,350
	\$ 36,822	\$ 33,287

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (transmit of dollers)

# 17. New Governance Structure

On May 15, 2008, the Minister of Health & Wellness restructured the governance model of the health services delivery system in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board, and Alberta Alcohol and Drug Abuse Commission. Effective April 1, 2009, all of these entities including the Region, but excluding Bast Central Health, will be discusablished and all the assets, liabilities, rights and obligations of these entities, including the Region, will be assumed by Bast Central Health whose name will change to Alberta Health Services.

# 18. Transition Costs

As at March 31, 2009, the Region recorded incremental transition costs and restructuring charges related to the transition to Alberta Health Services, consisting of severance costs and termination benefits (Schedule 2). In the Statement of Operations, these expresses are included in Administration. Additional incremental expenses related to the transition to Alberta Health Services are also reported and disclosed in the financial statements of Bast Central Health.

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AND armsitioning and the Region has recorded a receivable from East Central Health for the transition costs incurred as described below.

		rance- clated	(	Xher		Total
Liability as at March 31, 2008	S	-	S		5	-
Expenses		1,056		-		1,056
Payments made during the year		(699)				(699)
Liability as at March 31, 2009	\$	357	S		5	357

PALLISER HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS March 31, 2009 (thousands of dollars)

#### 19. Correction of Errors

During the year, the Region identified and corrected errors from prior years. These errors and related adjustments to previously reported balances are as follows:

- (a) Assets were purchased in 2006, 2007 and 2008 that were funded from external sources and were not capitalized in the financial statements.
- (b) Payroll benefits were incorrectly accrued in 2008 and prior years.
- (c) RSHIP sasets were incorrectly recorded in 2008 and prior years.

	As		1	djust	menti	1		As		
	Originally Reported	(a)		(b)		(c)		Restated		
For the year ended March 31, 2006:										
Deficiency of revenues over expenses	\$ (2,688)	\$	*	\$	*	\$	*	\$ (2,688)		
As at March 31, 2008:										
Accounts receivable	4,934				-	1,4	195	6,425		
Prepaid expenses	2,308		-		-	(1,0	67)	1,241		
Capital assets	76,872	7	63			-		77,635		
Accounts payable and accrued liabilities	14,678		-	(4	50)		•	14,221		
Unamortized External Capital Contributions	67,928	7	63		•		*	68,691		
Net Assets: Accumulated surplus	4,675		•	4	150	4	128	5,553		
As at March 31, 2007:										
Net Assets: Accumulated surplus	6,092		-	4	150	4	28	6,970		

# 20. Comparative Figures

Certain 2008 figures have been reclassified and restated to conform to the 2009 presentation.

#### 21. Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

# PALLISER HEALTH REGION SCHEDULE OF EXPENSES BY OBJECT Year ended March 31, 2009 (frouncits of dollars)

Schedule 1

2008 Budget Actual Actual (nota 11) \$121,985 Salaries and benefits (schedule 2) \$129,510 \$129,562 Contracts with health service providers (note 16) 34,877 36,822 33,287 5,000 4,618 4,695 Drugs and games Medical and surgical supplies 5,590 5,975 5,261 15,266 16,210 15,252 Other contracted services 3,772 Other expenses - utilities 4,000 3,854 17,718 16,037 17,033 Other expenses - miscellaneous Amortization: 2,369 2,600 2,528 Capital equipment - internally funded Capital equipment - externally funded 2.525 3.339 2,451 Facilities and improvements - externally funded 3,030 3,290 2,985 \$221,140 \$221,277 \$209,104 PALLISER HEALTH REGION SCHEDULE OF SALARIES AND BENEFITS Year Ended March 31, 2009 (thousands of dollars) Schedule 2(a)

				2009					2006	
	FIE	Bano	Other	Other	Sub	Sev	CERNICE .	Thtal	PTE	Total
		Belay	Cash Berefts	Non-Cash Benefits	Total	PIE				
	(1)	(2)	(3)	(4) (6)			(5)		(1)	
Board Chair (7)										
Ken Hughes - AES	0.88				-		1 1	-		-
Casol Secretisk	0.72		\$11		311		1 1	811	1.00	\$30
Brasil Monders (7)				- 1						
Jack Ady - AES	0.88			- 1					1 1	
Pleare Crewalin - AHS	0.21			- 1	-					
Catarrine Rooms - AHS	0.63			- 1						
Linds Hand - AHS	0.88			- 1	-					
John Lehners - AHS	0.88			- 1	-					
Leur Lowis - AHS	0.88			- 1						_
Don Sieban - AHS	0.80			1	-					
Lori Antrodruk -AHS	0.33			- 1						-
Good Bornje - AHS	0.53				-					
Tad Lyon Bougie - AHS	0.33				-					-
Iba Clifford - AHS	0.33			- 1	-					
Swear Carefrot - AHS	0.33			- 1	-	1				
Tony Processhini - AHB	0.33				-					
Audomo Empacis - AEIS	0.33				-					
Gord Wakel - AEB	0.33		~		-				- 1	
Howard Barier	0.12		2		2			. 2	1.0	9
Jim Black	0.12		1		1			1	1.0	7
Hogh Boglish	0.12		-		-				1.0	
Jim Kirwan	0.72		1		1			1	1.0	7
Albert McPudyen	0.72		2		2			2	1.0	82
Love Ohted	0.12		3		3			3	1.0	12
Lymno Singular	0.12		2		2			2	1.0	13
Kon Saner	0.12		2		2			2	1.0	
Marcin Shields	0.12		1		1			1	LO	7
Red Sommerfeld	0.12		2		2			2	LO	12
Harold Storlien	0.12		1	1	1			1	LO	
Craig Widner	0.72		1		1			- 1	1.0	
	10.12		229		\$29			220	130	\$137

# PALLISER HEALTH REGION SCHEDULE OF SALARIES AND BENEFITS Your Boded March 31, 2009 (thousands of chiles)

Schedule 2(a) continued

				200	)				1	2008
	FIE	Bass	Other	Other	340	Sime	mac.	Tital	FTE	Total
		Salary	Code Receits	Hav-Cash Secrits	Trank	FIE	Assessed			
	(1)	2)	(3)	(4) (0)			(3)		(1)	
Bonul Direct Reports (8):										
President / Outof Bancative Officer AHS (9)	0.02		-					-		-
Interim Clair Beautive Officer AHS (9)	0.80				-			-		
President / Orief Electrical vo Officer (Pulliner) (9)	0.27	78	7	267	332	LO	699	1,091	1.0	64
CEO Direct Bayesia (10):										
Senior Vice President - Health Services	1.00	190	34	76	302			300	LO	276
Vice President - Community Health	1.00	160	4	46	310			230	LO	178
Vice President - Pleaning &. Corporate Services	1.00	160		39	199	1.0	357	200	LO	178
Chief Fluoroini Officer	1.00	187	17	4	200			208	LO	179
Vice President - Medical Survices	1.00	259		-	2.90			259	L2	393
Other Employmen										
Other Management reporting to CEO Direct Reports	28	3,150		567	3,697			3,607	29	3,673
Other Management Regulated Novers	36	3,453		600	40.00			4,000	37	4,186
RNs, RPNs, Charl Nurses	4.99	37,533		6,517	44,050			44,090	469	43/04
LPN	129	7,227		1,255	8,483			8,463	137	7,802
Other Host & Technical & Professionals	311	22,657		3,994	26,591			26,91	306	24/03
Un regulated Health Service	148	5,845		1,015	6,840			6,800	148	6040
Providen Other Staff	604	28,320		4,914	33234			33,234	394	30,962
	1731	\$109,219	391	\$39,196	8128,506	2	\$1,0%	\$120,500	1765	\$121,981

The accompanying notes (1) to (10) we part of this Schedule

# PALLISER HEALTH REGION

Schedule 2(b)

SCHEDULE OF SALARIES AND HENEFITS - NOTES

Year Ended March 31, 2009

(thousands of dollars)

- (1) Pull time cognitudant (PTE) is determined at the rate of 2,022.75 assent better for each fell time coupleyers. Total actual discuss remoter of individuals ongloyed: 3.1 IZ (2008 3,00 t). "Discrete" member of individuals action to all employees value were in the spoises cloring the literal year.
- (3) These Salvey includes presidentile beau yays.
- Obj. Other cash hearfw include incurrents (for flowed bilimbus), fixed while it silveneses and varieties fibrillary incurrent (for instend problems).
- (6) Other non-each benedita include
  - s. Though yer's convent and prior service cost of anyphonoming relicounse plans (pur cost, 6 below).
  - b. Sheroof all compleyes basedits and contributions made on behalf of employees including pression, health care, dread concape, which coverage, out-of-country modified benefits, group life incurance, accidental disability and disamminusement insurance, long and short inert disability plans, profitational employability part tailion.
- (f) Struggage includes direct or indirect payagests to individuals upon insultation, which we not included in other benefits.
- (ii) Begelmont Reference Hm (SE2):

Under the terms of the employmentary extrement plan, executive officers may remove supplemental retirement payments. SWF costs challed below are not costs posyments during the year, but now the period express for sights to fraint componention. SRF costs reflect the networkly actionate cost to provide a quadron income over the proxi-employment points. The SRF provides finite pension business to guardia past based on years of services and considerate.

The arresal broadle for each executive is as follows:

			2009	2008
	Cocyunt Baryline Coats	Rior Service & Other costs	Theal	Tital
President / Chief Executive Officer (Fullian)	\$10	\$23.5	3345	3549
Smiler Vice President - Health Services	16	40	36	44
Vice President - Community Health		16	24	4
Vice President - Hunoling & Corporate Services	8	8	16	3
The retirem and gra-named real tions		15	24	11
	251	5314	\$365	\$21.1

The account SRP obligation for each escentive is as follows:

	Accrued Obligation Mar 31, 2008	Change in accord obligation	Account Obligation Mar 31, 2009
President / Chief Executive Officer (Palliser)	9677	(3819)	\$589
Souler Vice President - Health Services	219	(3)	214
Vice Provident - Community Health	142	(2.9)	117
Vice President - Hussing & Corporate Services	75	(48)	27
Cities (mileses and non-named positions	111	(7)	104
	\$1,204	(\$17.3)	\$1,051

The actual SEP payments sends or popular to masted recipients upon termination were ne follows (in thousands of define):

- Promismi / Chief Electricis Officer (Pulliner): Total SEP pryorates of SA for 2009 (2008 SQ, laund on payment of S3 per month from Angest 2008 indefinitely (faint Austroiner bounds).
- Viza Francisco: Planning & Cosporato Services: Total SRP payament of \$27 for 2000 (2008 50), based on a single hosp sum payament of \$37, psychole offer March 31, 2009.

# PALLISER HEALTH REGION SCHEDULE OF SALARIES AND BENEFITS - NOTES

Schedule 2(b) continued

Year Ended March 31, 2009 (thousands of dollars)

- (7) On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services (AHS) interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of AHS board members are reported and disclosed in the financial statements of East Octoral Health.
- (8) Board Direct Reports reflect FTEs and costs for the entire 2009 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- On July 8, 2008 the Region's CEO was terminated. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CEO AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO AHS are reported and disclosed in the financial statements of East Central Health.
- (10) CEO Direct Reports reflect FTEs and costs for the 2009 fiscal year based on the titling and positioning that existed as at July 8, 2008.

# **Calgary Health Region**

Consolidated Financial Statements

March 31, 2009

# CALGARY HEALTH REGION

# CONSOLIDATED FINANCIAL STATEMENTS

# MARCH 31, 2009

Management's Responsibility for Financial Reporting

Auditor's Report

Consolidated Statement of Financial Position

Consolidated Statement of Operations

Consolidated Statement of Changes in Net Assets

Consolidated Statement of Cash Flows

Notes to the Consolidated Financial Statements

Schedule 1 - Consolidated Schedule of Expenses by Object

Schedule 2 - Consolidated Schedule of Salaries and Benefits

# MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

#### MARCH 31, 2009

The accompanying final consolidated financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The consolidated financial statements were prepared in accordance with Canadian generally accepted accounting principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls commissing written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The Region carries out its responsibility for the consolidated financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the final consolidated financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the consolidated financial statements. His examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and procedures, which allow him to report on the fairness of the consolidated financial statements prepared by management.

[Original signed]

Dr. Stephen Duckett President and Chief Executive Officer

- Alberta Health Services

[Original signed]

Chris Mazzurkewich, CA Executive Vice President and Chief Financial Officer

- Alberta Health Services

[Original signed]

Les Tochor, CA Senior Vice President Finance - Alberta Health Services



# **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the consolidated statement of financial position of the Calgary Health Region (the Authority) as at March 31, 2009 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn] FCA Auditor General

Edmonton, Alberta June 11, 2009

# CONSOLIDATED STATEMENT OF FINANCIAL POSITION

# MARCH 31, 2009 (thousands of dollars)

(thousands of dollars)		2009	2008		
				Restated) (Note 24)	
ASSETS			,	(100 21)	
Current:					
Cash and cash equivalents (Note 3)	S	172,832	\$	30,863	
Accounts receivable		63,373		60,171	
Contributions receivable from Alberta Health and Wellness		5,843		49,972	
Inventories		35,231		35,576	
Prepaid expenses		11,172		11,557	
		288,451		188,139	
Non-current cash and investments (Note 3)		865,318		468,816	
Capital contributions receivable		22,749		475,727	
Capital assets (Note 4)		2,328,232		1,884,350	
Other assets (Note 5)		14,800		29,078	
TOTAL ASSETS	3	3,519,550	5	3,046,110	
LIABILITIES AND NET A	SEIS				
Current:					
Accounts payable and accrued liabilities	\$	329,670	\$	285,262	
Accrued vacation pay		125,003		111,129	
Current portion of deferred contributions (Note 6)		112,359		95,325	
Current portion of long-term debt (Note 8)		12,135		11,353	
		579,167		503,069	
Deferred contributions (Note 6)		35,592		35,277	
Deferred capital contributions (Note 7)		773,757		771,392	
Long-term debt (Note 8)		185,919		142,823	
Long-term employee benefit habilities (Note 9)		9,391		8,174	
Unamortized external capital contributions		1,879,405		1,526,513	
•		3,463,231		2,987,243	
Not Assets:					
Unrestricted					
Accumulated deficit (Note 21)		(218,886)		(193,028)	
Accumulated net unrealized (losses) gains on investments					
(Note 2(a)(2)(v))		(2,736)		8,166	
Investment in capital assets		277,941		243,729	
		56,319		58,867	
Commitments and contingencies (Notes 9, 10 and 18)					
TOTAL LIABILITIES AND NET ASSETS	8	3,519,550	\$	3,046,110	

The accompanying notes and schedules are part of these consolidated financial statements.

# CALGARY HEALTH REGION

# CONSOLIDATED STATEMENT OF OPERATIONS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

		20	009		 2008
		Budget		Actual	Actual
	(	Note 11)			Restated) (Note 24)
Revenue					0.401.160
Alberta Health and Wellness contributions (Note 12)	2	2,609,867	\$	2,859,715	\$ 2,421,152
Other government contributions (Note 13)		34,605		54,666	31,631
Pees and charges (Note 14)		177,933		177,592	160,517
Ancillary operations (Note 15)		39,655		43,637	38,914
Donations		6,073		7,880	7,552
Investment and other income (Note 16)		96,405		96,323	109,870
Amortization of external capital contributions		91,934		107,091	 86,629
TOTAL REVENUE		3,056,472		3,346,904	 2,856,265
Expenses (Schedule 1)					
Inpatient acute mursing services		924,104		906,516	829,500
Emergency and outpatient services		381,365		397,300	355,452
Pacility-based continuing care services		224,097		227,215	205,397
Community-based care		186,305		194,617	167,113
Home care		118,139		117,260	105,488
Diagnostic and therapeutic services		570,835		576,074	521,254
Promotion, prevention and protection services		75,460		74,484	68,396
Research and education (Nots 17)		49,548		49,371	42,669
Administration		117,379		102,471	95,477
Information technology		115,283		122,066	94,283
Support services (Note 5 and Note 15)		471,733		507,877	425,428
Amortization of facilities and improvements		44,642	-	63,299	 44,362
TOTAL EXPENSIES		3,278,890		3,338,550	 2,954,819
(Deficiency) Excess of revenue over expenses	S	(222,418)	\$	8,354	\$ (98,554)

The accompanying notes and schadulus are part of these consolidated financial reatements.

# CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

				20	09					2008
	A	ecumulated deficit	Accumulated net unrealized gains (losses) on investments		Envestment in capital saucis		Total			Total Restated) Note 24)
Balance at beginning of year		(193,028)	8	8,166	\$	243,729	8	58,967	\$	173,064
(Deficiency) Excess of revenue over expenses		8,354				-		8,354		(98,554)
Capital easets purchased with internal funds Amortization of internally funded capital assets		(70,584) 36,237		-		70,584 (36,237)				
Repayment of long-term debt used to fund capital assets		(8,138)				8,138				
Portion of goodwill impelement funded by repayment of long-recen debt		8,273				(8,273)				
Disposal of Isod				-						(429)
Purchase of land Preparer of land		-		-		-		~		3,866
Not mare alized lower arising during the year on										29
investments (Note 2(a)(2)(v)) Transfer of net realized gains (losses) on		•		(11,601)				(11,601)		(9,717)
investments to revenue (Note 2(a)(2)(v))	-		-	699	_	-		699	_	(9,392)
Balance at end of year	3	(218,886)	\$	(2,736)	\$	277,941	\$	56,319	\$	58,867

The accompanying notes and schedules are part of these consolidated financial statements.

# CALGARY HEALTH REGION

# CONSOLIDATED STATEMENT OF CASH FLOWS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

		20	09			2008
		Budget	Actual		-	Actual
		(Note 11)			_	(Restated)
0						(Note 24)
Operating activities:						
(Deficiency) Excess of revenue: over expenses	\$	(222,418)	\$	8,354	\$	(98,554)
Non-cash transactions:						
Amortization (Schedule 1)		131,198		143,380		115,042
Amortization of external capital contributions		(91,987)		(107,143)		(86,681)
Goodwill impairment (Note 5)				25,804		-
Other		3,817	-	2,270		4,018
		(179,390)		72,665		(66,175)
Net change in non-cash working capital	_	47,198		76,190		25,271
Cash (used by) generated from operations		(132,192)		148,855	_	(40,904)
Investing activities:						
Purchase of capital assets:						
Internally funded - equipment		(120,000)		(5,606)		(12,343)
Internally funded - information systems		(100,000)		(30,674)		(5B,240)
Internally funded - facilities and improvements		(1,728)		(34,304)		(22,742)
Externally funded - equipment		(40,695)		(26,280)		(26,956)
Externally funded - information systems		(24,400)		(26,895)		(2,725)
Externally funded - facilities and improvements		(511,065)		(406,122)		(338,918)
Externally funded - land		(311,000)		(100,122)		(3,866)
Debt funded - facilities and improvements		(105,705)		(56,572)		(13,374)
Acquisition of investments		(3,337)		(29,451)		(102,639)
Proceeds on sale of investments		Colones		127,687		210,813
Allocations to (from) current cash and investments		144,220		(506,339)		100,367
Not change in non-cash working; capital		,		27,448		33,135
Cath used by investing activities		(762,710)		(967,108)	-	(237,488)
Preancing activities:						
Capital contributions received		434,124		014 626		262 261
Principal payments on long-terms debt				914,635		257,351
Proceeds from long-term debt		(9,412) 439,327		(9,413)		(8,155)
Cash generated from financing activities	-	864,039	-	960,222	_	3,308
****						
Not (decrease) increase in current cash and cash equivalents	\$	(30,863)		141,969		(25,888)
Current cash and cash equivalents, beginning of year				30,863		56,751
Correct cash and cash equivalents, end of year			s	172,832	\$	30,863
Interest paid on long-term debt			s	6,927	\$	7,287

The accompanying notes and schedules are part of these consolidated financial statements.

#### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

#### MARCH 31, 2009

# Authority, Purpose and Operations

The Calgary Regional Health Authority was established June 24, 1994 under the authority of the Alberta Regional Health Authorities Act, Chapter R-10, Revised Statutes of Alberta, 2000 and subsequently adopted the name Calgary Health Region (the "Region"). The Region is exempt from payment of income tax and is a registered charity under the Income Tax Act (Canada). Effective April 1, 2009, the Region will be disestablished and all assets and liabilities will be transferred to Alberta Health Services ("AHS") (Note 22).

The Region's mandate is to deliver appropriate, accessible and affordable health services in Alberta. This responsibility includes operating programs designed to promote, protect, maintain, restore and enhance physical and mental well-being.

Operations of the Region include the following:

# Calgary acute care facilities:

- · Alberta Children's Hospital
- Foothills Medical Centre
- · Peter Lougheed Centre
- · Rockyview General Hospital · High River General Hospital

# operating as Carewest:

- · Colonel Belcher
- · George Boyack
- · Gleamore Park
- · Nickle House
- · Royal Park
- · Signal Pointe
- · Sarcee

#### Rural acute and continuing care facilities:

- · Cammore General Hospital
- · Clareaholm General Hospital
- · Didsbury District Health Services
- · Little Bow Continuing Care Centre (in Carmangay)
- Calgary continuing care facilities · Oilfields General Hospital (in Black Diamond)
  - · Strathmore District Health Services
  - · Vulcan Community Health Centre
- · Dr. Vernon Farming Centre · Willow Creek Continuing Care Centre (in
  - Claresholm)

# Psychiatric rehabilitation facility:

· Claresholm Care Centre

# Urgent Care facilities:

- · Sheldon M. Chumir Health Centre
- · South Calgary Health Centre

# Other:

- Community health centres and public health units throughout the region.
- · Mental health clinics throughout the region.
- Provincial Laboratory for Southern Alberta located at the Footbills Medical Centre.
- · The Diagnostic and Scientific Centre and various patient service centres operating as Calgary Laboratory Services within Calgary.
- · Numerous hemodialysis satellites sites outside the region.

#### Note 1 Authority, Purpose and Operations (continued)

These consolidated financial statements do not include the assets, liabilities and operations of any voluntary or private facilities providing health care services in the region.

# Significant Accounting Policies and Reporting Practices

These consolidated financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the reporting requirements of Financial Directive 34 issued by Alberta Health and Wellness. Following are the significant accounting policies:

#### (a) Basis of Presentation

(1) The financial statements have been prepared on a consolidated basis, except that controlled foundations are not consolidated (Note 19(d)(i)).

Included in these consolidated financial statements are the following wholly owned subsidiaries:

- (i) Carewest The Region contracts with Carewest to provide health services in the region.
- Calgary Laboratory Services Ltd. ("CLS") The Region contracts with CLS to provide health services in the region.
- (iii) 1115399 Alberta Inc. which operates as Chemical Exposure Support

The transactions between the Region and these subsidiaries have been eliminated on consolidation.

The Region uses the proportionate consolidation method to account for its 50% interest in each of the following Primary Care Networks:

Bow Valley Primary Care Network Calgary Foothills Primary Care Network Calgary Rural Primary Care Network Calgary West Central Primary Care Network Highland Primary Care Network Mosaic Primary Care Network South Calgary Primary Care Network

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

- (2) These consolidated financial statements were prepared using the deferral method of accounting for contributions; the key elements of our revenue recognition policies are:
  - Unrestricted operating grants and other contributions are recognized as revenue in the year they become receivable.
  - Externally restricted non-capital contributions are deferred and recognized as revenue in the year the related expenses are incurred.
  - (iii) Externally restricted capital contributions are recorded as deferred capital contributions until expended on capital assets. Amounts expended, representing externally funded capital assets, are then transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the year the related amortization expense of the funded capital asset is recorded.
  - (iv) Externally restricted contributions to purchase capital assets which will not be amortized are recorded as direct increases to net assets.
  - (v) Investment income comprises interest from cash balances, money market, and fixed income investments, divideads from equities, and realized gains or losses on the sale of investments. Investment income is calculated on an accrual basis. Interest on fixed income investments is calculated over the term of the investment using the effective interest rate method. Unrealized gains and losses on investments classified as available for sale are included directly in net assets, until the investments are sold.
    - Utrestricted investment income is recognized in the year earned.
    - Investment income subject to external restrictions is deferred and recognized as revenue in the year the related expenses are incorred.
  - (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

#### (b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 of the CICA Handbook. For operating purposes, the Region defines capital as including working capital and unrestricted net assets. For capital purposes, the Region defines capital as including deferred capital contributions, long term debt, unamortized external capital contributions, and investment in capital assets.

The Region's objectives for managing capital are:

- In the short term to safegoard the Region's financial ability to continue to deliver health services; and
- In the long term to plan and to build sufficient physical capacity to meet future needs for health services,

The majority of the Region's operating funds are from Alberta Health and Wellness which is paid on the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants. The Region borrows to finance capital investments related to ancillary operations since Alberta Health and Wellness does not fund ancillary operations.

The Region complied with all debt covenants during the year and at the end of the year.

When a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 21).

# (c) Pull Com

The Region records the full cost of services for which it is responsible. Pull cost transactions comprise the following:

- Revenue earned by contracted health service operators from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges. An equivalent amount is recorded as program expenses as this revenue. funds part of the cost of the Region's programs.
- (2) Alberta Health and Wellineas payments directly to contracted health service operators are recorded as revenue and an equivalent amount is recorded as program expenses as these payments represent part of the cost of the Region's programs.
- (3) The estimated cost for use of acute care facilities not owned by the Region is recorded as revenue from other government contributions and as program expenses, since the Region's contract payments do not include an amount for the isse of these facilities.
- (4) The estimated cost for use of non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expenses.
- (5) Other assets, supplies and service contributions that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. The value of volunteers' contributed services is not reported because fair value cannot be reasonably determined.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (d) Financial Instruments

The Region's financial instruments were classified as follows:

Financial Assets and Liabilities
Cash and cash equivalents
Lovestments
Accounts receivable, contributions receivable, and mortgage receivable
Accounts payable
Long-term debt
Collect financial liabilities
Collect financial liabilities

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial sasets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions sutil realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest rate method. The Region does not use hedge accounting and accordingly is not impacted by the requirements of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying values of current cash, cash equivalents, accounts receivable, contributions receivable from Alberta Health and Wellness, capital contributions receivable, and accounts payable approximate their fair value because of the short-term maturity of these items. It is management's opinion that the Region is not exposed to significant interest rate, currency, credit or market risks arising from these financial instruments.

Purther diaclosure on financial instruments is provided in Note 2(e) Investments, Note 3 Cash , Cash Equivalents and Investments, and Note 8 Long-term debt.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (e) Investments

Investments are classified as available for sale and are recorded at fair value as it is not management's primary objective to generate trading profits from short-term fluctuations in price nor to hold investments to maturity. Fair values are determined by reference to published price quotations in an active market at year-end.

Transaction costs associated with the acquisition and disposal of investments are capitalized and are included in the acquisition costs or reduce proceeds on disposal. Investment management fees are expensed as incurred. The purchase and sale of investments are accounted for using trade-date accounting.

# (f) Employee Puture Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees, based on years of service and earnings. Defined contribution plan accounting has been applied because the Region has insufficient information to apply defined benefit plan accounting. Pension costs comprise the employer's contributions during the year, based on rates expected to provide benefits payable under the pension plans.

The Region provides a non-contributory defined benefit Supplemental Executive Retirement Plan (SERP) to senior executives of the Region. The cost of these benefits is actuarially determined on an annual basis as at March 31 using the projected benefit method pro-rested on services, a market interest rate, and management's best estimate of expected costs and the period of benefit coverage. Net actuarial gains or losses of the benefit obligation are amortized over the average remaining service life of the employee group. Current service cost is the actuarial present value of the benefits exmed in the fiscal year. Prior service and other costs include amortization of past services costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. This plan is unfunded but is secured by a letter of credit (Note 9(a)).

The Region also provides defined contribution pension plans for two employee groups.

# (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Region adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are valued at the lower of cost (defined as moving average) and current replacement value.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (h) Capital Assets

Capital assets and work in progress are recorded at cost. Capital assets with unit costs less than five thousand dollars are expensed. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

Pacilities and improvements	10 - 40 years
Equipment	3 - 20 years
Information systems	3 - 7 years
Leased facilities and improvements	term of lease
Building service equipment	5 - 40 years
Land improvements	5 - 40 years

Work in progress includes infrastructure and information systems projects. Actual interest incurred on debt funded projects is capitalized. Work in progress is not amortized until the project is complete.

Land and facilities transferred from Alberta Infrastructure are reported at the net book value recorded by Alberta Infrastructure at the time of the transfer.

Leases transferring substantially all of the benefits and risks of ownership of capital assets are reported as acquisitions of capital assets funded by long-term obligations.

#### (i) Goodwill and Intangible Assets

Goodwill represents the cost of acquired businesses in excess of the fair value of net identifiable assets acquired. Goodwill is tested for impairment annually or more frequently if changes in circumstances indicate a potential impairment in the carrying value. Intangible assets with definite lives are amortized on a straight-line basis over their remaining lives.

# (j) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset are remaining useful life.

# (k) Measurement Uncertainty

The consolidated financial statements, by their nature, contain estimates and are subject to measurement uncertainty. The amounts recorded for amortization of capital assets and amortization of external capital contributions are based on the estimated useful life of the related assets. The amounts recorded for asset retirement and employee future benefits obligations are based on estimated future cash flows. Actual results could differ from these estimates.

# Note 3 Cash, Cash Equivalents and Investments

	20	009	2008			
	Fair Value	Cost	Fair Value	Cont		
		(thousands of	dollars)			
Cash	\$ 1,006,960	\$ 1,006,960	\$ 346,664	\$ 346,664		
Money market			11,988	11,988		
Fixed income	20,631	20,891	92,401	91,757		
Equities	10,559	13,035	48,626	41,104		
	\$ 1,038,150	\$ 1,040,886	\$ 499,679	\$ 491,513		
Current	\$ 172,832	\$ 172,832	\$ 30,863	\$ 30,863		
Non-current (Note 3(d))	865,318	868,054	468,816	460,650		
	\$ 1,038,150	\$ 1,040,886	\$ 499,679	\$ 491,513		

In order to earn optimal financial returns at an acceptable level of risk, the Region's investment bylaw and policy establish benchmark and maximum asset mix ranges for fixed income investments and equities. The portfolio is rebalanced to the asset mix on a quarterly basis.

#### a) Interest Rate Risk

The Region manages the interest rate risk exposure of its fixed income investments by management of average duration and laddered maturity dates.

Fixed income investments have an effective yield of 4.30% per annum, an average duration of 6.5 years and the following maturity dates as at March 31, 2009:

1-5 years	42%
6-10 years	35%
Over 10 years	23%

Investments in equity securities are not exposed to significant interest rate risk.

# b) Currency Risk

The Region is exposed to foreign exchange fluctuations on its investments denominated in foreign currencies. However, this risk is mitigated by the fact that the Region's investment bylaw limits non-Canadian equities to 50% of total equities.

# c) Credit and Market Risks

The Region's investment bylaw restricts the types and proportions of eligible investments. Money market investments are limited to a rating of RI or AI or higher and no more than 10% may be invested in any one issuer. Investments in corporate bonds are limited to BBB rated bonds or higher and to no more than 40% of the total fixed income investments. No more than 10% may be invested in BBB rated bonds. Equities are comprised of publicly traded securities in major stock markets. Investments in debt and equity of any one issuer are limited to 5% of the issuer's total debt and equity. Short selling is not permitted.

# Note 3 Cash, Cash Equivalents and Investments (continued)

# d) Non-current cash and investments represent the following:

	2009			2008
		ollars)		
Deferred capital contributions (Note 7)	\$	773,757	\$	771,392
Capital contributions receivable from Alberta				
Health and Wellness		(22,749)		(475,727)
Capital accounts payable and accrued liabilities		84,553		63,119
Externally restricted for long-term care				
partnership projects (Note 18)		29,757		34,017
Other restricted contributions invested in bonds and				
equities	_			76,015
	\$	865,318	s	468,816

# Note 4 Capital Assets

		2009		2008 Net Book
	1	Net Book Value (thousands of		
	-			
				(Note 24)
Pacilities and improvements	\$	932,840	\$	765,235
Work in progress		940,754		658,839
Equipment		150,625		162,355
Information systems		115,974		119,989
Leased facilities and improvements		95,975		83,932
Land (a)		52,917		52,624
Building service equipment		35,762		37,641
Land improvements		3,385		3,735
	3	2,328,232	\$	1,884,350

						Cost				
	Balance April 1, 2008						Disposale		Balance March 31, 2009	
				(0						
Facilities and improvements	8	1,232,528	\$	219,962	8	-		(38,000)	3	1,424,490
Work in progress		658,839		(2772,652)		354,567				940,754
Equipment		415,893		(2,717)		32,623		(41,380)		404,419
Information systems		217,227		29,926		-		(5,146)		242,007
Leased facilities and								fairing		
ingrovensis		111,245		23,400				(2,391)		132,254
Larvel bo		\$2,624		293				(alma a)		52,917
Bullding service equipment		64,710		1.762				(3,762)		62,710
Land improvements		8,759	_	26	-	-		(1,277)		7,508
	\$	2,761,825	3			587,190	3	(81,956)		3,267,059

		Accumulated Amortization							
	Balance April 1, 2008				Baltinon March 31, 2009				
				(monsue	s or o	omara)			
Pacilities and improvements	\$	467,293	S	45,692	\$	(21,335)	3	491.650	
Equipment		253,538		39,629	-	(39,373)		253,794	
Information systems		97,238		33,531		(4,736)		126,033	
Leased facilities and									
improvements		27,313		11,348		(2,382)		36,279	
Building service equipment		27,069		3,245		(3,366)		26,948	
Lasd improvements		5,024	_	328		(1,229)		4,123	
	\$	877,475	s	133,773	\$	(72,421)	\$	938,827	

# Note 4 Capital Assets (continued)

#### (a) Land

Land at the following sites has been provided to the Region at nominal values:

Site	Provided by	Lease Expiry
Alberta Children's Hospital	University of Calgary	December 21, 210
Poothills Medical Centre parkade	University of Calgary	July 30, 2054
Banff Health Unit	Mineral Springs Hospital	Jamuary 30, 2028

# (b) Asset Retirement Obligations

The Region has recorded a liability for an asset retirement obligation of \$2,409,026 (2008 - \$4,118,000) (Note 8). The asset retirement obligation represents the legal obligations associated with the removal of asbestos during planned removations at the Roothills Medical Centre. The Region has also identified other asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of the removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

#### (c) Punding

Capital assets have been funded from the following sources:

	2009			2008	
		(thousands	s of dollars)		
Externally funded (unamortized external capital contributions) Internally funded (investment in capital assets) Funded by debt	\$	1,879,405 278,012 170,815	\$	1,526,513 238,540 119,297	
	\$	2,328,232	\$	1,884,350	

#### Note 5 Other Asset

Other Ameri		2009		2008
	(thousands of doll			ars)
Grants receivable from East Central Health (Note 23) Goodwill	\$	11,742	\$	25.804
Intengible asset – premise leases (net of accomulated amortization of \$213 (2008 - \$142)		230		301
Forgivable mortgage receivable - non-current portion		2,828		2,973
	\$	14,800	5	29,078

As at March 31, 2009, the Region recorded goodwill impairment of \$25,804,000 within Support Services on the Consolidated Statement of Operations related to the purchase of CLS in 2006. This impairment is due to the announcement during the year of a new and fully integrated provincial health service delivery model, Alberta Health Services effective April 1, 2009. Prior to this announcement, CLS and its management provided almost all of the clinical laboratory services required by the Calgary Health Region. Effective April 1, 2009 CLS and its management join the clinical laboratory service providers of the other entities within AHS to become one fully integrated provincial clinical laboratory.

#### Note 6 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

	2009		2008	
		(thousands	of doll	ars)
Current				
Inpetient acute mursing services	\$	25,165	\$	21,136
Emergency and outpatient services		13,493		19,931
Continuing care services		8,505		11,628
Community-based care		9,907		16,159
Diagnostic and therapeutic services		7,425		7,555
Promotion, prevention and protection services		6,007		5,978
Research and education		8,206		6,345
Information technology		396		1,291
Support services		31,873		4,154
Other		1,382		1,148
		112,359		95,325
Non-current:				
Alzheimer/dementia facility		2,828		2,973
Long-term care partnership projects (Note 18)		32,764		32,299
		35,592		35,272
	\$	147,951	\$	130,597

# Note 7 Deferred Capital Contributions

Balance at the end of the year is restricted for the following purposes:

	2009		2008
	(thousands	0	ollars) Restated) Note 24)
Pacilities and improvements Information systems Equipment	\$ 657,259 102,313 14,185	\$	642,170 114,292 14,930
	\$ 773,757	\$	771,392

# Note 8 Long-term Debt

Long-term Debt				
	20	09		108
	Pair		Pair	
	Value	Cost	Value	Cost
		(thousands	of dollars)	
Debentures payable: (a)				
Parkade loan #1	\$51,366	\$ 50,722	\$ 53,601	\$ 52,614
Parkade loan #2	45,943	45,664	47,937	47,238
Parkade loan #3	57,375	55,000		
Calgary Laboratory Services			-	-
purchase	30,522	28,535	35,865	34,109
	\$185,206	179,921	\$137,403	133,961
Obligation under capital lease:				
Building (1)	\$18,974	15,724	\$19,754	16,097
Asset retirement obligation (Note	4(b))	2,409		4,118
		\$198,054		\$154,176
Current		\$ 12,135		\$ 11,353
Non-current		185,919		142,823
		\$198,054		\$154,176

(a) The Region issued debentures to Alberta Capital Financing Authority (a Province of Alberta related party) to finance the construction of parkades and the purchase of the remaining 50.01% ownership interest in CLS. The Region has pledged as security for these debentures revenues derived directly or indirectly from the operations of all parking facilities being built, renovated, owned and operated by the Region.

Parkade loan #1 financed parkades at Poethills Medical Centre and Alberta Children's Hospital.

Parkade loan #2 financed parkades at Rockyview General Hospital, Peter Lougheed Centre and Sheldon M. Chumir Centre.

Purkade loan #3 financed parkades at South Health Campus and Foothills Medical Centre.

# Note 8 Long-term Debt (continued)

- (b) The Region leases a building from the University of Calgary.
- (c) The maturity dates and interest rates are:

	Materity Date	Interest	Rate
		Original	Market
Debentures payable:			
Parkade loan #1	September 2026	4.4025%	4.2625%
Parkade loan #2	September 2027	4.3870%	4.3339%
Parkade loan #3	March 2029	4.9150%	4.4410%
Calgary Laboratory			
Services purchase	May 2013	4.6810%	2.2683%
Obligation under capital			
lease	January 2028	6.5000%	4.4082%

# (d) The Region is committed to making payments as follows:

Year ending March 31	Debentures Principal Payments		Capital Lease Minimum Lease Payments	
		(thousan	ds of doll	ars)
2010	5	11,125	\$	1,383
2011		11,645		1,383
2012		12,190		1,383
2013		12,760		1,395
2014		9,804		1,453
Therenfter		122,397		21,204
	3	179,921		28,201
Less: interest				(12,477)
			\$	15,724

# Note 9 Long-term Employee Benefit Liabilities

#### (a) Supplemental Executive Retirement Plan

Supplemental Executive Retirement Plan				
	_	2009		2008
		(thousand	s of do	ilare)
Net accrued benefit obligation, beginning of year	\$	12,905	\$	11,397
Current service cost		1,278		1,591
Interest cost		768		694
Actuarial (gain) loss		(1,330)		88
Benefit psyments	_	(1,879)		(865)
Net accrued benefit obligation, end of year	3	11,742	5	12,905
Net account benefit obligation		11.742		12,905
				(4,125)
Unrecognized prior service costs	_	(408)	_	(606)
Reported liability	5	9,391	5	8,174
Current service cost	s	1.278	5	1,591
Interest cost		768		694
Prior service cost amortization		198		175
Actuarial loss amortization		852		479
Net benefit cost	\$	3,096	\$	2,939
Assumptions:				
Discount rate for accrued benefit obligation		6.2%		5.2%
Discount rate for benefit cost		5.2%		5.2%
Expected average remaining service life of employees		9 years		9 усакъ
Salary increase		4%		4%
Date of actuarial valuation - March 31, 2009				
	Current service cost Interest cost Actuarial (gain) loss Benefit psyments  Net accrued benefit obligation, end of year  Net accrued benefit obligation Unrecognized actuarial loss Unrecognized actuarial loss Unrecognized prior service costs  Reported liability  Current service cost Interest cost Prior service cost amortization Actuarial loss amortization  Net beaufit cost  Assumptions: Discount rate for accrued benefit obligation Discount rate for benefit cost  Expected average remaining service life of employees	Net accrued benefit obligation, beginning of year Current service cost Interest cost Actuarial (gain) loss Benefit psyments  Net accrued benefit obligation, end of year  Net accrued benefit obligation Unrecognized actuarial loss Unrecognized actuarial loss Unrecognized prior service costs  Reported Hability  \$ Current service cost Interest cost Prior service cost amortization Actuarial loss amortization Net benefit cost  Assumptions: Discount rate for accrued benefit obligation Discount rate for benefit cost Expected average remaining service life of employees Salary increase	Net accrued benefit obligation, beginning of year   \$ 12,905	Net accrued benefit obligation, beginning of year   12,905   \$

The value of the accrued benefit obligation under the Plan is fully accured by a combination of contingent assets in the form of a letter of credit held by the trustee plus the balance in the refundable tax account held by the Canada Revenue Agency. The letter of credit is payable to the trustee only if a designated event as defined by the Plan occurs. A designated event includes, for example, the Region becoming insolvent or bankrupt and failing to meet certain Plan conditions.

The amount of the letter of credit has been calculated assuming the Plan has been terminated within the period April 1 to March 31 and all benefits settled in lump sum payments. The lump sum payment for each member is sufficient to purchase an annuity using the Plan's prescribed assumptions and to pay the member's income tax on the lump sum and interest thereon to the date of pension commencement. The required face amount for the letter of credit according to the trust agreement is 110% of the actuarial present value for each member plus 110% of a reasonable estimate of expenses less the assets in the refundable tax account. The face amount of the letter of credit is \$21,479,000 (\$18,430,000 for April 1, 2007 to March 31, 2008).

# Note 9 Long-term Employee Benefit Liabilities (continued)

(b) The Region participates in the Local Authorities Pension Plan (LAPP), which is a multi-employer defined benefit plan. The pension expense recorded in these financial statements is equal to the Region's contributions to the plan during the year as determined by LAPP to provide for future benefits payable. Since January 1, 2009, the contribution rates for the employer were 8.46% for earnings up to the Year's Maximum Pensionable Earnings (YMPE) and 11.66% for earnings above YMPE to the maximum allowed. The LAPP Board of Trustnes conducts a full review of the plan's performance each year. If the performance deviates from the Board's oconomic and demographic assumptions, contribution rate changes may be necessary.

At December 31, 2008, LAPP reported a deficiency of \$4,413,971,000 (2007 – deficiency of \$1,183,334,000). The Region has insufficient information to determine its share of this deficit. Therefore, no obligation has been recorded.

# (c) Pension expense

	_	2008 of dollars)		
Local Authorities Pension Plan Defined contribution pension plans Supplemental Executive Retirement Plan	\$	81,098 9,642 3,096	\$	68,439 8,821 2,939
	\$	93,836	\$	80,199

#### Note 10 Commitments and Contingencies

# (a) Leases

The Region is contractually committed to future operating lease payments until 2025 as follows:

Year ending March 31	(thousan	ds of dollars)
2010	\$	18,396
2011		18,090
2012		17,885
2013		17,483
2014		16,854
Thereafter	***************************************	71,105
	\$	159,813

# Note 10 Commitments and Contingencies (continued)

# (b) Capital Assets

The Region has the following outstanding contractual commitments for capital assets:

		2009
	(thous	ands of dollars)
Facilities and improvements Information systems Equipment	5	1,375,052 23,642 4,348
	5	1,403,042

# (c) Contracted Health Service Operators

The Region contracts on an ongoing basis with voluntary and private health service operators to provide health services in the Region. The Region has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.

# (d) Legal

The Authority has been named as a defendant in a legal action in respect of increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filed against the Province of Alberts and the Regional Health Authorities. The amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied, which came into effect August 1, 2003. The outcome of the claim is not determinable.

In the ordinary course of operations, various claims and lawsuits are brought against the Region. While it is not possible to estimate the ultimate liability with respect to pending Brigation, the Region believes there will be no material adverse effect on the financial position of the Region.

#### Note 11 Budget

A preliminary business plan with a budgeted deficit of \$222.4 million was submitted to the Minister of Health and Wellness in early fiscal 2008-2009. Subsequent to the submission several revisions were submitted to the new AIS executive reflecting reclassifications between reverue and expense categories. The reported budget reflects the original \$222.4 million deficit and the classifications used for reporting and internal accountability.

Over the course of the fiscal year, the Minister provided additional funding for \$186,082,000. The Board has allocated these additional resources to address the expectations of the funding.

# Note 12 Alberta Health and Wellness Contributions

	_	2009 (thousand	is of a	2008 follers)	
Unrestricted contributions Restricted contributions recognized as revenue	\$			2,207,907	
	3	2,859,715	5	2,421,152	

#### Note 13 Other Government Contributions

	_	2009	_	2008
		(thousands	of doll	ars)
Alberta Government				
Alberta Infrastructure	3	11,276	\$	8,300
Other		18,911		17,704
Transition grant from East Central Health		20,615		
Pull cost adjustments:				
Fair value for use of non-owned				
acute care facilities (Note 19(e))		655		649
Fair value for use of non-owned				
non-acute care facilities		493		2,610
Unrestricted contributions				
Alberta government		239		307
Other government	_	2,477	_	2,061
	\$	54,666	\$	31,631

# Note 14 Fees and Charges

		2009		2008
		(thousands	of dol	lars)
Acute care - inpetient	\$	57,795	\$	52,956
Acute care - outpatient		25,165		19,135
Continuing care		21,238		19,812
Other		7,430		6,354
Fees and charges - contracted operators:				
Continuing care		60,899		57,890
Other		5,065		4,170
	3	177,592	\$	160,517

# Note 15 Ancillary Operations

	2009						08
	Revente	Direct Expenses	Ame	(thousands	of dollars) Deficiency of Revenue over Expenses	Reveaue	Excess of Revenue over Expenses
Perking operations	\$ 21,790	\$ 15,200	3	4,550	\$ 2,040	\$ 19,950	\$ 3,672
Non-patient food services	11,772	11,192		25	555	11,355	522
Sales of goods and services	8,203	7,783		2	418	5,785	496 1,287
Rental operations Administrative support	1,872	543		*	1,329	1,824	
to Calgary Health Trust (None 19 (d)(i))		4,492			(4,492)	-	(4,748)
2100 6-100	\$ 43,637	\$ 39,210	3	4,577	\$ (150)	\$ 38,914	\$ 1,229

These expenses are included in Support Services on the Consolidated Statement of Operations.

# Note 16 Investment and Other Income

Investment and Other Income	2009		2008
	(thousands	of dolla	ers)
Recoveries of services, drags and materials Investment income Workers' Compensation Board special dividend Other	\$ 75,635 4,957 4,905 10,826	\$	70,669 21,301 5,908 11,992
	\$ 96,323	\$	109,870

Investment income consists of interest income, gains/losses on disposal of investment, and foreign exchange gains/losses.

# Note 17 Research and Education

Research and education expenses were funded from the following sources:

	2009 (thousand		2008 ts of dollars)	
Alberta Health and Wellness contributions: Restricted Unrestricted Ober government contributions Donations Investment and other income	s	36,869 8,003 322 1,512 2,665	5	32,368 6,733 69 1,157 2,342
	\$	49,371	\$	42,669

# Note 18 Long-term Care Partnership Projects

The Alberta Government has supported long-term care partnership projects by providing one-time, up-front funding to enable the Region to make annual supplementary payments to the partners over the term of the partnership contracts. Amounts invested under the terms of long-term care partnership agreements will be utilized to fund future payments to operators over the next 24 years. These payments have a net present value of \$28,456,584 at March 31, 2009 (2008 - \$29,953,449) discounted at 2.5% (2008 - 2.9%). The investments have a market value at March 31, 2009 of \$31,189,269 (2008 - \$36,201,000) of which \$29,757,500 is classified as long-term. The Region is subject to risk in that the invested amounts may not earn a rate of return adequate to meet the payments as they become due.

		2009		2008
	(thonsands of dollars			
Included in deferred contributions: Current portion Non-current portion	\$	2,195 32,764	\$	2,184 32,299
ton and the same	\$	34,959	5	34,483

# Note 19 Related Parties

# (a) Province of Alberta

The Minister of Health and Wellness appoints the board members of Alberta Health Services. The Region is economically dependent upon the Ministry of Health and Wellness since the visbility of its ongoing operations depends on contributions from the Ministry. Transactions between the Region and the Ministry are disclosed in the Consolidated Statement of Pinancial Position, the Consolidated Statement of Operations, and the Notes to the Consolidated Pinancial Statements.

# (b) Health Authorities and Boards

The Region shares a common relationship with other health authorities and boards through its relationship with the Province of Albesta. The Region had the following transactions with other health authorities and boards recorded on the Consolidated Statements of Operations and Pinancial Position at the amounts of consideration agreed upon between the related parties:

# Note 19 Related Parties (continued)

	2009	2008
Receivable	\$32,367	\$6,647
Payable	1,359	1,719
Revenue	64,408	36,802
Expense	10,189	11,211

# (c) Primary Care Networks

The Region's share of the Primary Care Networks' contributions from Alberta Health and Wellness, including amounts received less amounts recognized as revenue in the year, are as follows:

,,		2009		2008
		ollars)		
Deferred contributions, beginning of year Contributions from Alberta Health and Wellness Amounts recognized as revenue	\$	9,244 16,986 (19,012)	\$	11,162 10,385 (12,303)
Deferred contributions, end of year	\$	7,218	\$	9,244

#### (d) Foundations

# (i) Calgary Health Trust

The Calgary Health Trust is considered a controlled foundation as the Region appoints the majority of the voting members of the Foundation's Board of Directors. The purpose of the Trust is to benefit the Region, each facility within the Region and individual health programs and services operated by the Region, and to hold funds for its own account and, without restriction, to manage endowment funds received from any source. The Trust is a registered charity under the Income Tax Act (Canada). The Calgary Health Trust is not consolidated in these financial statements.

# Note 19 Related Parties (continued)

The Region, the Trust, and the University of Calgary (the "University") are collaborating in a joint fundraising initiative branded "Reachl". The purpose of Reachl is to employ the expertise of the participants to create specific donor opportunities and raise philanthropic capital to achieve new world standards of health care. Under the initiative, the Trust receives donations and makes grants to the Region, the University and other health-related organizations as requested by the donors.

The following aggregated financial information of the Trust is presented using the same accounting policies as the Region.

	Calgary Health Trust					
		2009		2008		
		(thousands	of do	llars)		
Revenue	\$	51,530	\$	34,721		
Expenses		50,518		33,726		
Excess of revenue over expenses	\$	1,012	\$	995		
Total assets	3	95,675	\$	106,062		
Total liabilities		(80,886)		(90,239)		
Net assets	\$	14,789	3	17,823		
Resources held by the Trust:						
Endowments	\$	13,777	\$	16,799		
Unrestricted		1,012		1,024		
Deferred contributions		73,371		76,599		

Transactions in the normal course of operations between the Region and the Trust are as follows:

	2009		2008	
	(thousands of dol			dlars)
Grants and administrative support provided to the				
Trust for operating expenses	5	4,492	\$	4,748
Charitable disbursements received by the Region		19,566		11,821
Accounts payable to the Region		(43)		(273)
Fair value for use of office space provided by the				
Region - not included in administrative support		350		350

# Note 19 Related Parties (continued)

#### (ii) Other Foundations

The Region has economic interests in several foundations which raise funds to benefit the Region and other health related entities. The resources held by these foundations are not necessarily limited for use by the Region. These foundations are not consolidated in these financial statements. The foundations are registered charities under the Income Tax Act (Canada). The foundations are:

Alberta Children's Hospital Foundation Cammore and Area Health Care Foundation Claresholm and District Health Foundation High River District Health Care Foundation Oilfields/Okotoka Health Foundation Rosebud Health Foundation Strathmore District Health Foundation

# (e) Contracted Health Service Operators

The Region has an economic interest through its contracts with voluntary and private health service providers in the region. Funding was provided as follows:

	B	Direct tegional	All	Pens nod Sarges of Other noone	(	Publi Cost storents		Total
				(thousand	is of dolla	ars)		
2009 Voluntary health service providers Private health service providers	\$	91,214 157,942	3	25,019 41,266	8	655	8	116,888 199,208
	\$	249,156	\$	66,285	3	655	\$	316,096
2008 Voluntary health service providers Privage health service providers	\$	76,964 142,526	\$	23,282 39,370	\$	649		100,895 181,896
T TIME THE PARTY OF THE PARTY O	\$	219,490	3	62,652	3	649	3	282,791

#### Note 19 Related Parties (continued)

# (f) University of Calgary

The University is considered a related party as the Province of Alberta appoints the board members of both the Region and the University. Transactions in the normal course of operations between the Region and the University recorded at their exchange amounts are as follows:

	2009		2008			
	(thousands of dollars)					
Amount included in expenses 60	\$	40,000	\$	37,000		
Amount included in revenue (9)		23,000		18,000		
Net payable by the Region to the University		3,000		11,500		

- <sup>(0)</sup> The Region pays to the University amounts related to: physicians; research projects, studies and grants; programs; and support services.
- The Region receives from the University amounts related to: utilities; salaries and benefits; and materials, supplies and overheads.

The Region leases a building from the University (Note 8(b)).

#### Note 20 Trust Funds

The Region receives funds in trust from Alberta Health and Wellness to pay other Regional Health Authorities for certain programs coordinated by the Region. The Region receives other funds in trust for research and development, education and other programs. The Region receives funding from Alberta Health and Wellness for the Primary Care Networks; the Region uses these funds to cover the Primary Care Networks' expenditures until they make their own banking arrangements. The Region also receives funds in trust from continuing care residents for personal expenses. These amounts are not reflected in these consolidated financial statements.

2009		2008
(thousands	of dolla	urs)
\$ 9,643	\$	31,879
5,585		5,036
3,151		3,286
 650		537
\$ 19,029	5	40,738
\$	\$ 9,643 \$,5,85 3,151 650	\$ 9,643 \$ 5,585 3,151 650

# Note 21 Accumulated Deficit

The health region has reported an accumulated deficit at March 31. Per Alberta Regulation 15.95 of the RHA Act, AHS will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the net accumulated deficit of all health regions combined, within three years of incurrence.

#### Note 22 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health services delivery system in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board, and Alberta Alcohol and Drug Abuse Commission. Effective April 1, 2009, all the entities including the Region but excluding East Central Health will be diseasablished and all the assets, liabilities, rights and obligations of these entities including the Region will be assumed by Bast Central Health whose name will change to Alberta Health Services ("AHS").

# Note 23 Transition and Restructuring Costs

As at March 31, 2009, the Region recorded transition costs and restructuring expenses in the Consolidated Statement of Operations. The expenses consist of severance and termination benefits, professional services, consolidate costs and other applicable transition expenses. In the Consolidated Statement of Operations, these expenses are included in Administration, Support Services and Information Technology.

	1	verance- lelated harges		er Charges	Total		
Liability as at March 31, 2008 Amounts expensed Amounts capitalized Payments made during the year	\$	6,619	\$	1,067 4,258 (1,067)	\$	7,686 4,258 (4,894)	
Liability as at March 31, 2009	\$	2,792	\$	4,258	\$	7,050	
Unfunded Supplemental Executive Retirement Plan	\$		s	12,929	\$	12,929	

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of Alberta Health Services transitioning and the Region has receivable from East Central Health for the transition costs incurred as described above.

The transition grant restrictions include payments for the unfunded status of the Region's Supplemental Executive Retirement Plan. The Region has recorded a non-current receivable from Bast Central Health for the amount of the accrued benefit obligation at the end of the year. The Region has also recorded a current receivable from Bast Central Health for the amount of any lump sum supplementary executive retirement plan payments during the year as part of a severance package.

# Note 24 Prior Period Adjustment

During the year, the Region identified and corrected errors from prior years. These errors and related adjustments to previously reported balances are as follows:

- (a) Liabilities related to one capital project were not recorded at March 31, 2008.
- (b) Various capital projects were not amortized on a timely basis for the period from 2002 to 2008.
- (c) The Region reviewed the internal/external funding split in the capital assets subledger and identified capital assets that were previously reported with incorrect funding sources for the period from 1999 to 2008.

	As Originally Reported	(a)	<u>(b)</u>	(c)	As Restreed
	(Note 25)		(in thousands)		
For the year ended March 31, 20	<b>18</b>				
Revenue	\$2,855,095	\$ -	\$ 972	\$ 198	\$2,856,265
Expenses	2.952.641		2.178		2,954,819
Deficiency of revenue over					
curporates	(97,546)		(1,206)	198	(98,554)
As at March 31, 2008					
Capital auets	1.982.951	3,737	(2,338)	-	1.884.350
Accounts psyable and accreed			******		
Eabilities	281,525	3,737			285,262
Deferred capital contributions	774,455	(3,737)		674	771,392
Unamortized external capital				-	
contributions	1,521,363	3,737	(1,330)	2.743	1,526,513
Unrestricted net assets	(192,354)		4-4-2-7	(674)	(193,028)
Investment in capital assets	247,480		(1,008)	(2,743)	243,729
As at March 31, 2007					
Net agests	176,480		199	(3,615)	173,064

# Note 25 Comparative Figures

Certain 2008 figures have been reclassified to conform to 2009 presentation.

# Note 26 Approval of Financial Statements

These consolidated financial statements have been approved by the Alberta Health Services Board.

# CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT

Schedule 1

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

	21	2008	
	Budget	Actual	Actual
	(Note 11)		(Restated) (Note 24)
Salaries and benefits (Schedule 2)	\$ 1,768,853	\$ 1,764,059	\$ 1,579,404
Contracts with health service operators	394,002	408,745	357,792
Contracts under the Health Care Protection Act	17,586	16,354	16,914
Drugs and gases	96,633	97,792	92,601
Medical and surgical supplies	123,671	126,457	117,513
Other contracted services (a)	398,268	428,423	377,146
Interest on long-term debt	6,864	6,812	6,176
Goodwill impairment (Note 5)	-	25,804	-
Other (6)	341,815	320,724	292,231
	3,147,692	3,195,170	2,839,777
Amortization:			
Capital equipment - internally funded	15,959	7,321	8,276
Capital equipment - externally funded	36,258	34,725	33,119
Information systems - internally funded	13,132	17,336	10,165
Information systems - externally funded	15,984	16,195	15,096
Facilities and improvements - internally funded	11,550	11,509	9,850
Facilities and improvements - externally funded	38,244	56,223	38,466
Intangible assets - internally funded	71	71	70
	131,198	143,380	115,042
	\$ 3,278,890	\$ 3,338,550	\$ 2,954,819

# CALGARY HEALTH REGION

# CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dellars)

(4) Other contracted services include the following:

		2009		2008
			-	Restated) Note 24)
Medical purchased services Other purchased services Legal fees	\$	282,115 131,932 3,480	\$	232,704 128,535 3,569
Other professional fees		10,896		12,338
	3	428,423	3	377,146
Other includes the following:				
		2009		2008
				Restated) Note 24)
Clinical lab and therapestic supplies	\$	51,393	3	45,902
Utilities		38,893		35,472
Rented space		34,578		30,731
Equipment maintenance		29,422		25,033
Minor equipment		22,797		22,186
Department and office supplies		22,306		20,751
Food supplies		20,828		19,207
Repairs and maintenance Communication and education		19,985 19,319		17,290
Recruitment and travel		18,060		16,362
Housekreping and laundry supplies		9,776		9,990
Plant maintenance and equipment supplies		7,289		6,353
Insurance		4,733		4,477
Other		21,345	_	14,301
	5	320,724	s	292,231

2008

# CALGARY HEALTH REGION

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars) 2009

	FIE's ₩	Base Salary (b)	Other Cash Benefits (c)	Other Non-Cash Benefits (400)	Subtotal	Number of Individuals	Severance (e)	Total	FIE's (a)	Total
Board Chair (e)										
Ken Hughes - AHS	0.88	\$ -	\$-	5-	\$-	-	-	\$-	-	\$-
David Tuer	0.12	-	7	1	8		-	8	1.00	39
Board Members (e)										
Jack Ady - AHS	0.88					-	-	-	-	
Pierre Crevolin - AHS	0.21					-		-		-
Catherine Roozen - AHS	0.63	-				-	-	-	-	-
Linda Hohol – AHS	0.88	-			٠.	-	-	-		-
John Lehners - AHS	0.88					-	-		-	-
Irene Lewis - AHS	0.88	-		-			-		-	-
Don Sieben - AHS	0.88							-	-	
Lori Andreachuk - AHS	0.33	-			-	-	-		-	
Gord Bontje - AHS	0.33						-	-	-	-
Teri Lynn Bougie - AHS	0.33			-	*	-	-	-	•	-
Jim Clifford - AHS	0.33			*		-	-	-	-	-
Strater Crowfoot - AHS	0.33	-		-	-		-	-	-	-
Tony Franceschini - AHS	0.33			-			-	-	-	-
Andreas Laupacis - AHS	0.33	-		*	-	-		-	-	-
Gord Winkel - AHS	0.33	-		-	•	-	~	-		
Courtney Rousseau	0.12		5		5	-	-	5	1.00	23
Diane Caleffi	0.12	-	6	-	6	-	~	6	1.00	10
George Pinchbeck	0.12	-	7		7	-	-	7	1.00	23
Gordon McPherson	0.12	-	6	-	6	~	-	6	1.00	18
Loreen Gilmour	0.12	-	3	1	4	-	-	4	1.00	12
Lynn Martin	0.12		6	1	7	-	-	7	1.00	22
Mairi Matheson	0.12	~	5	•	5		-	5	1.00	8
Marjorie Ricketts	0.12	-	5		5	•		3	1.00	13
Myron Kanik	-	-	-	•	-		•		0.46	3
N.D. (Skip) Mcdonald	0.12		1		1	-		1	1.00	4
Nancy Laird	0.12	-	1		1	-	*	1	1.00	2
Robert Moskovitz	•		:				•	2	0.24 1.00	3
Sandy Dougall	0.12		3	-	3			\$ 58	12.70	\$ 188
	10.20	5-	\$ 55	\$3	\$ 58		\$-	3 36	12.70	3 199

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

				ans,						2008	
	FIE's 40	Banc Salary <sup>06</sup>	Other Cash Benefits 60	Other Non-Cash Benefits (60)	Subtotal	Number of Individuals	Severance 80	Total	PTE's ™	Total	
Board Direct Reports (4)											
President and Chief Executive Officer - AHS #	0.02	\$-	\$-	3-	\$-		\$-	5-	-	8-	
Contracted Service - Interim Chief Executive											
Officer - AHS (9)	0.88					-				_	
Chief Executive Officer (0 to	0.27	106	78	484	668	1	1.671	2,339	1.00	1,335	
Medical Officer of Health	1.00	257	46	97	400	-		400	1.00	334	
Chief Audit Executive ®	1.00	223	39	60	322			322	1.00	218	
CEO Direct Reports 60											
President and Chief Operating Officer (9.8)	1.00	316	4.40	-							
			140	203	659			659	1.00	612	
Interim President and Chief Operating Officer <sup>(1)</sup> Executive Vice President, Risk		171	29	39	239	-		239		*	
Management and CPO (m) (t)	1.00	314	140	618	1,072	£	782	1,854	1.00	589	
Senior Vice President, Planning and										-	
Capital Development ®	1.00	210	29	43	282			282	1.00	411	
Senior Vice President, People and										-	
Learning (40 (4)	0.02	5	1	3	9			9	1.00	412	
Senior Vice President, Interprofessional											
Practice and Chief Nursing Officer 60 to	0.38	98	20	118	236	1	535	771	0.23	118	
Senior Vice President and Chief Medical			_	***				***	0.20	110	
Officer, Physician Leadership Portfolio 40 Senior Vice President, Advanced	1.00	380	95	104	579	-	-	579	0.23	116	
Technology and Enterprise Reporting ** Senior Vice President, Communications	1.00	334	71	155	560			560	0.23	99	
and Community Relations	•			*		-	-		0.78	482	
Senior Vice President, Wellness (*) Senior Vice President, South Health	0.51	107	18	71	196	1	327	523	0.77	297	
Campus	1.00	258	56	27	341	~		341	0.23	47	
Vice President, Strategic Health Planning Acting Senior Vice President, Patient	1.00	232	39	64	335	-		335	0.23	66	
Experience and Advocacy Senior Vice President and Advisor Patient	-			*	*	-			0.42	57	
Experience and Advocacy						1	382	382	0.88	511	
Vice President, Government Relations and		***	40								
Assistant Corporate Secretary (4) (f)	1.00	189	40	49	278		-	278	1.00	255	
	12.79	3,200	841	2,135	6,176	5	3,697	9,873	12.00	5,959	
Total Board and Executive	22.99	\$ 3,200	\$ 896	\$ 2,138	\$ 6,234	5	\$ 3,697	\$ 9,931	24.70	\$ 6,147	

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

	2009								2	008800
	FIE's €	Base Salary <sup>00</sup>	Other Cash Benefits (6)	Other Non-Cash Benefits 6000	Subtotal	Number of Individuels	Severance	Total	blE,3 α)	Total
Board and executive	22.99	\$ 3,200	\$ 896	\$ 2,138	\$ 6,234	5	\$ 3,697	\$ 9,931	24.70	\$ 6,147
Management reporting to CBO direct reports	20.53	4,123	509	1,039	5,671	5	1,668	7,339	18.60	5,407
Other managers	947.71	95,541	2,181	16,980	114,702	28	2,660	117,362	915.93	111,684
Medical doctors	79.36	17,838	296	525	18,659	1	83	18,742	71.64	18,321
Regulated nurses: RNs, RPNs, grad nurses LPNs	6,329.88 749.44	517,630 39,984	39,774 2,771	86,146 6,514	643,550 49,269	3	140	643,690 49,269	6,143.11 708.67	599,871 41,489
Other health technical and professional	4,816.58	319,068	10,398	59,957	389,423	5	186	389,609	4,324.79	351,191
Unregulated health service	1,962.36	81,069	3,184	13,242	97,495			97,495	1,844.68	82,253
Other staff	7,039.13	349,662	10,470	69,756	429,888	41	734	430,622	6,661.96	363,041
Total	21,967.98	\$ 1,428,115	\$ 70,479	\$ 256,297	\$ 1,754,891	88	\$ 9,168	\$ 1,764,059	20,714.08	\$ 1,579,404

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

# Supplemental Executive Retirement Plan

**		2009		2008			
	Current Service Cost	Other SERP Costs	Total	Total	Accrued Benefit Obligation March 31, 2008	Change in Accrued Benefit Obligation	Accrued Benefit Obligation March 31, 2009
Chief Executive Officer (0)	\$74	\$ 395	\$ 469	\$ 704	\$ 4,028	\$ (303)	\$ 3,725
Medical Officer of Health	33	44	77	121	421	57	478
Chief Audit Executive	26	17	43	12	170	27	197
President and Chief Operating Officer	101	98	199	186	872	43	915
Interim President and Chief Operating Officer	27	8	35	-	74	25	99
Executive Vice President, Risk Management							
and CPO (4)	91	520	611	181	1,001	(1,001)	
Senior Vice President, Planning and							
Capital Development	24	18	42	57	265	14	279
Senior Vice President, People and Learning	24	39	63	50	165	(165)	
Senior Vice President, Interprofessional Practice							
and Chief Nursing Officer 60	17	94	111	138	839	(207)	632
Senior Vice President and Chief Medical Officer,							
Physician Leadership Portfolio	75	22	97	86	242	92	334
Senior Vice President, Advanced Technology							
and Enterprise Reporting	101	33	134	120	311	145	456
Senior Vice President, Communications							
and Community Relations		-		53	-	-	
Senior Vice President, Wellness (4)	16	47	63	81	494	(12)	482
Senior Vice President, South Health Campus	19	1	20	-		17	17
Vice President, Strategic Health Planning	24	20	44	42	193	18	211
Vice President, Government Relations							
and Assistant Corporate Secretary	19	10	29	17	80	7	87

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

- a. Full-time equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed during the year was 35,597 (2008 33,767). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- b. Base salary includes pensionable base pay.
- c. Other cash benefits include honoraria, bonuses, overtime and lump sum payments.
- d. Other non-cash benefits include:
  - Employer's current and prior service cost of supplementary executive retirement plan per (f) below.
  - Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans.
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay.
- e. Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- f. Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executives may receive supplemental retirement payments. SERP costs are not cash payments in the period but are the period expense for rights to future compensation. SERP costs shown reflect the actuarially estimated cost to provide pension income over the post-employment period. SERP provides future pension benefits to participants based on years of service and earnings. See also accounting policy Note 2(e) Employee Future Benefits and (Note 9) Long-term Employee Benefit Liabilities.

Current service cost is the actuarial present value of the benefit earned in the fiscal year. Other SERP costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service cost, interest accruing on the actuarial liability and the full amount of any actuarial gain or loss in the period.

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

- g. On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- h. Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- i. On July 8, 2008 the Region's CEO was terminated. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CEO AHS are reported and disclosed in the financial statements of Bast Central Health. The President and CEO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO AHS are reported and disclosed in the financial statements of Bast Central Health.
- j. This position was held by two incumbents during the year.
- k. CEO Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted in (1) through (s) below.
- 1. This position was held by two incumbents during the year. Effective July 8, 2008:
  - The President and Chief Operating Officer of the Region transitioned to the Chief Operating Officer Urban AHS. Costs incurred are reported
    in the accounts of the Region.
  - The Interim President and Chief Operating Officer was appointed for the Region.
- m. Effective July 8, 2008 the Executive Vice President, Risk Management and Chief Financial Officer of the Region was also appointed the Interim Chief Financial Officer AHS. Costs incurred are reported in the accounts of the Region. Effective March 31, 2009 the incumbent departed.
- n. Bffective April 7, 2008, the incumbent retired. Due to organization restructuring from April 7, 2008 to July 28, 2008 this position reported to the Interim President and Chief Operating Officer, and is included in Management reporting to CEO Direct Reports. Effective July 28, 2008, the Interim Senior Vice President of Human Resources AHS was appointed and reported to the Interim Chief Operating Officer, Corporate Services AHS. Effective December 1, 2008 the position transitioned to the Interim Human Resources Lead and Vice President, Total Rewards and Human Resource Analytics and reported to the Special Assistant to the Chief Executive Officer, Corporate Services AHS. Costs incurred for the Interim Senior Vice President of Human Resources AHS and the Interim Human Resources Lead and Vice President, Total Rewards and Human Resource Analytics are reported in the accounts of the Region.

# CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

# FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

- o. Due to organization restructuring, effective August 15, 2008 this position was assumed by the Interim President and Chief Operating Officer. Costs are captured in (1) above.
- p. Effective February 6, 2009 the Senior Vice President and Chief Medical Officer, Physician Leadership Portfolio transitioned to the Senior Physician Executive AHS. Costs incurred are reported in the accounts of the Region.
- q. Effective November 20, 2008 the Senior Vice President, Advanced Technology and Enterprise Reporting of the Region was also appointed the Senior Vice President and Chief Information Officer AHS. Costs incurred are reported in the accounts of the Region.
- r. Effective October 3, 2008 the incumbent retired. Subsequently, the Wellness portfolio was realigned to report to the Chief Operating Officer Urban AHS.
- s. Effective June 17, 2008 the Vice President, Government Relations and Assistant Corporate Secretary of the Region transitioned to Chief of Staff, Board Office AHS. Costs incurred are reported in the accounts of the Region. Effective June 17, 2008 the Vice President, Government Relations and Assistant Corporate Secretary of the Region transitioned to the Vice President of Government Relations and Assistant Corporate Secretary AHS. Costs incurred are reported in the accounts of the Region.
- t. These individuals are provided with an automobile allowance. Dollar amounts are included in other cash benefits (c) above.
- u. Based on future SERP compensation benefits described under (f) above, the following schedule outlines pension income received by individuals who departed within the 2008-09 fiscal period:

Name	Pension Income (not in thousands)	Frequency	Term
Chief Executive Officer	\$ 22,409	Monthly	Indefinite
Executive Vice President, Risk Management and CFO	1,186,758	Lump-Sum	One-Time
Senior Vice President, Interprofessional Practice and Chief Nursing Officer	3,919	Monthly	Indefinite
Senior Vice President, Wellness	2,991	Monthly	Indefinite

# DAVID THOMPSON HEALTH REGION

# CONSOLIDATED FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2009 and AUDITOR'S REPORT

# DAVID THOMPSON HEALTH REGION CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management's Responsibility for Financial Reporting

Auditor's Report

Consolidated Statement of Financial Position

Consolidated Statement of Operations

Consolidated Statement of Changes in Net Assets

Consolidated Statement of Cash Flows

Notes to the Consolidated Financial Statements

Schedule 1 Consolidated Schedule of Expenses by Object

Schedule 2 Consolidated Schedule of Salaries and Benefits

# David Thompson Health Region Management's Responsibility for Financial Reporting March 31, 2009

The accompanying final consolidated financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The consolidated financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and anteguarded.

The Region members carry out their responsibility for the consolidated financial statements through the Audit and Finance Committee. This Committee meets with management and the Office of the Auditor General of Alberta to review financial matters, and recommends the final consolidated financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Office of the Auditor General of Alberta has free access to the Audit and Finance Committee.

The Office of the Auditor General of Alberta provides an independent audit of the consolidated financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which will allow him to report on the fairness of the consolidated financial statements prepared by management.

[Original signed]	[Original signed]	[Original signed]
Bryan Judd	Chris Mazurkewich	Dr. Stephen Duckett
Chief Financial Officer	Chief Pinancial Officer	President & Chief Executive Officer
David Thompson Health Region	Alberta Health Services	Alberta Health Services
June 11, 2009	June 11, 2009	June 11, 2009



# **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the consolidated statement of financial position of the David Thompson Health Region (the Authority) as at March 31, 2009 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at March 31, 2008 and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated April 28, 2008.

[Original signed by Fred J. Dunn]
FCA
Auditor General

Edmonton, Alberta June 11, 2009

# David Thompson Health Region Consolidated Statement of Financial Position March 31, 2009 (thousands of dollars)

	2009	2008
		(Restated)
		(Note 21)
ASSETS		
Current:		
Cash and investments (Note 3)	\$ 99,825	\$ 83,368
Accounts receivable	14,111	17,817
Contributions receivable from Alberta Health and Wellness	5,898	6,103
Inventories	6,976	6,166
Prepaid expenses	1,317	2,063
	128,127	115,517
Non-current cash and investments (Note 3)	20,674	39,119
Capital assets (Note 4)	414,194	421,885
Loans - continuing care partnership projects (Note 5)	26,213	20,656
Other assets (Note 6)	664	828
TOTAL ASSETS	\$589,872	\$598,005
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	\$ 60,051	\$ 45,455
Accrued vacation pay	25,890	23,664
Deferred contributions (Note 7)	68,767	38,883
Current portion of long-term debt (Note 9)	179	125
	154,887	108,127
Deferred capital contributions (Note 8)	5,961	18,538
Deferred contributions - continuing care partnership projects	40,926	41,237
Long-term debt (Note 9)	262	326
Unamortized external capital contributions (Note 4)	379,339	389,842
	581,375	558,070
Net assets	CDE 4003	8,678
Accumulated (deficit) surplus (Note 11)	(25,492)	
Investment in capital assets from internally funded sources (Note 4)	33,989	31,167
Cumulative net unrealized gains on investments	0.400	90
	8,497	39,935
TOTAL LIABILITIES AND NET ASSETS	\$589,872	\$598,005

Commitments and contingencies (Note 12)

Subsequent event (Note 22)

The accompanying notes and schedules are an integral part of these consolidated financial statements

David Thompson Health Region Consolidated Statement of Operations For the Year Ended March 31, 2009 (thousands of dollars)

		2008	
	Budget	Actual	Actual
	(Unaudited)		(Restated)
	(Note 13)		(Note 21)
Revenue			
Alberta Health and Wellness contributions (Note 14)	\$ 571,848	\$ 585,691	\$ 577,065
Other government contributions (Note 15)	5,047	10,377	11,673
Fees and charges	34,159	36,711	33,724
Ancillary operations (Note 16)	5,266	4,463	4,864
Donations	971	3,021	1,703
Investment and other income (Note 17)	14,187	16,553	15,036
Amortized external capital contributions	28,412	26,039	24,697
TOTAL REVENUE	659,890	682,855	668,762
Expenses (Schedule 1)			
Pacility-based inpetient acute nursing services	175,207	181,006	164,659
Facility-based emergency and outpatient services	46,247	55,808	46,626
Pacility-based continuing care services	73,816	74.938	69,062
Community-based care	34,320	34,009	29,693
Home care	24,929	25,781	21,558
Diagnostic and therapeutic services	111,596	111,340	101,271
Promotion, prevention and protection services	22,848	21,933	20,506
Research and education	629	570	644
Administration	32,113	39,130	27,637
Information technology	24,902	19,179	17,126
Support services	129,996	134,082	120,926
Amortization of facilities and improvements	16,703	16,427	16,390
TOTAL EXPENSES	693,306	714,203	636,098
(Deficiency) excess of revenue over expenses	\$ (33,416)	\$ (31,348)	\$ 32,664

The accompanying notes and schedules are an integral part of these consolidated financial statements

# David Thompson Health Region Consolidated Statement of Changes In Net Assets For the Year Ended March 31, 2009 (thousands of dollars)

	2009							_	2008	
		cumulated surplus (deficit)		estment in	unreal (los	lative net ized gains ses) on stments	_	Total	_	Total
Balance at beginning of year	s	8,678	\$	31,167	\$	90	\$	39,935	\$	7,248
(Deficiency) excess of revenue over expenses		(31,348)				-		(31,348)		32,664
Capital assets purchased with internal funds		(8,299)		8,299						
Amortization on internally funded capital assets Repayment of long-term debt used to fund capital		5,487		(5,487)		-		-		-
amets		(257)		257		_				-
Proceeds from long-term debt Unrealized (losses) gains on "available-for-sale"		247		(247)		-				-
financial assets arising during the year						(90)		(90)		23
Balance at end of year	\$	(25,492)	5	33,989	s		\$	8,497	5	39,935

The accompanying notes and schedules are an integral part of these consolidated financial statements

# David Thompson Health Region Consolidated Statement of Cash Flows For the Year Ended March 31, 2009 (thomsons of dollars)

(thousands of dollars)			
	2009		2008
	Budget	Actual	Actual
	(Unaudited)		(Restated)
	(Note 13)		(Note 21)
Cash generated from (used by):			
Operating activities:			
(Deficiency) excess of revenue over expenses	\$ (33,416)	\$ (31,348)	\$ 32,664
Items not involving cash			
Amortization (Schedule 1)	34,679	31,526	29,851
Amortized external capital contributions	(28,412)	(26,039)	(24,697)
Changes in non-cash operating working capital (Note 18)	(37,113)	44,849	39,476
Cash generated from operations	(64,262)	18,988	77,294
Investing activities:			
Purchase of capital assets:			
Internally funded - equipment	(5,500)	(5,704)	(3,290)
Externally funded - equipment	(6,600)	(7,899)	(9,930)
Internally funded - facility and improvements	(3,000)	(2,595)	-
Externally funded - facility and improvements	(6,123)	(7,637)	(22,902)
(Decrease) increase in net unrealized gains on investments	-	(90)	90
Allocations to non-current cash and investments			(12,402)
Cash used by investing activities	(21,223)	(23,925)	(48,434)
Financing activities:			
Capital contributions received	12,723	2.959	24,653
Principal payments on long-term debt	(123)	(257)	(210)
Proceeds from long-term debt		247	-
Allocations from non-current cash and investments	29,119	18,445	
Cash generated from financing activities	41,719	21,394	24,443
Increase (decrease) in cash and investments	(43,766)	16,457	53,303
Cash and investments, beginning of year	79,941	83,368	30,065
Cash and investments, end of year	\$ 36,175	\$ 99,825	\$ 83,368

The accompanying notes and schedules are an integral part of these consolidated financial statements

# Note 1 Authority, Purpose and Operations

The David Thompson Health Region (the "Region") was established June 24, 1994 under the Alberta Regional Health Authorities Act, is a registered charity under the Income Tax Act and exempt from payment of income tax. Effective April 1, 2009 the Region was diaestablished and all the assets and liabilities were transferred to Alberta Health Services (Note 22).

The Region delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

The Region's operations include the following facilities and sites:

Bentley Care Centre
Bretton Health Centre
Centernial Centre for Mental Health and Brain Injury
Consort Hospital and Care Centre
Coronation Hospital and Care Centre
Drayton Valley Hospital and Care Centre
Drumbeller Health Centre
Hamsa Health Centre
Innitiali Health Centre
Lacombe Hospital and Care Centre
Olds Hospital and Care Centre

Castor Community Health Centre
Consort Community Health Centre
Coronation Community Health Centre
Drayton Valley Community Health Centre
Drumheller Environmental Health and Support Services
Eckville Community Health Centre
Elnora Community Health Centre
Johnstone Crossing Community Health Centre
Lacombe Community Health Centre
Olds Community Health Centre

Drayton Valley Mental Health Centre Drumheller Mental Health Centre Hanna Mental Health Centre Lacombe Mental Health Centre Olds Mental Health Centre Popolia Mental Health Centre Ponoka Hospital and Care Centre
Red Deer Nursing Home
Red Deer Regional Hospital Centre
Red Deer Valley Park Manor Care Centre
Red Deer Valley Park Manor Care Centre
Rimbey Hospital and Care Centre
Rocky Mountain House Health Centre
Stertler Hospital and Care Centre
Ture Hills Health Centre
Türee Hills Health Centre

Ponoka Community Health Centre
Red Deer Bremner Ave. Community Health Centre
Red Deer 49th St. Community Health Centre
Rimbey Community Health Centre
Rocky Mountain House Community Health Centre
Stettler Community Health Services
Sundre Community Health Centre
Sylvan Lake Community Health Centre
Wetaskiwin Community Health Centre
Winfield Community Health Centre

Rimbey Mental Health Centre Rocky Mountain House Mental Health Centre Stettler Mental Health Centre Three Hills Mental Health Centre Wetaskiwin Mental Health Centre David Thompson Health Region

Notes to the Cossolidated Financial Statements

For the Year Ended March 31, 2009

(Tabular amounts in thousands of dollars)

# Note 1 Authority, Purpose and Operations (continued)

The financial statements do not include the assets, liabilities and operations of voluntary or private facilities providing health services in the region, except as disclosed in Note 19.

# Note 2 Significant Accounting Policies and Reporting Practices

#### (a) Basis of Presentation

- The financial statements were prepared on a going concern basis notwithstanding the new governance structure that became effective April 1, 2009 (Note 22).
- (2) The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Financial Directive 34.
- (3) These financial statements were prepared on a consolidated basis and include the accounts of the facilities and sites disclosed in Note 1 but do not include the accounts of the foundations within the Region (Note 19(d)).
  - The Region uses the proportionate consolidation method to account for its interests in Primary Care Networks (Note 19(c)).
- (4) These financial statements use the deferral method, the key elements of which are:
  - Unrestricted operating grants and other contributions are recognized as revenue in the year receivable.
  - (ii) Restricted non-capital contributions are recognized as revenue in the year the related expenses are incurred.
  - (iii) Externally restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Amounts invested, representing externally funded capital assets, are transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the period in which the related amortization expense of the capital assets is recorded.
  - (iv) Endowments and restricted contributions to purchase capital assets that will not be amortized are recorded as direct increases to net assets.

# Note 2 Shrufficant Accounting Policies and Reporting Practices (continued)

- (a) Basis of Presentation (continued)
- (v) Investment income includes dividend and interest income, and realized investment gains and losses. Unrealized gains and losses on available-for-sale financial assets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Financial Position. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Contributions in kind are recorded at fair value when such value can reasonably be determined.
- (vii)Ancillary operations reflect gross revenues earned through the various activities undertaken. Related expenses are reported under support services on the Consolidated Statement of Operations.
- (b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 – Capital Disclosurer of the CICA Handbook. For operating purposes, the Region defines capital as including working capital and unrestricted net assets. For capital purposes, the Region defines capital as including deferred capital contributions, unamortized external capital contributions, and investment in capital assets.

The Region's objectives for managing capital are:

- In the short term to safeguard the Region's financial ability to continue to deliver health arrives and
- In the long term to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of the Region's operating funds are from Alberta Health and Welliness which is paid on the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable douations and capital grants. The Region borrows to finance capital investments related to ancillary operations since the department does not fund ancillary operations.

The Region complied with all debt covenants during the year.

David Thompson Health Region
Notes to the Consolidated Financial Statements
For the Year Ended March 31, 2009
(Tabular amounts in thousands of dollars)

# Note 2 Significant Accounting Policies and Reporting Practices (contisued)

# (b) Capital Disclosure (continued)

Where a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination olan (Note 11).

# (c) Full Cost

The Region accounts for all costs and revenue from services for which it is responsible. The fair value of such services are recorded. Pair value transactions comprise the following:

- (i) Revenue earned by contracted health service operators from Alberta Health and Wellness designated fees and charges are recorded as the Region's fees and charges. An equivalent amount is recorded as contracted health service expense of the Region.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and an equivalent amount recorded as program expense as these payments represent part of the cost of the Region's health programs.
- (iii) The fair value for use of acute care facilities not owned by the Region is recorded as revenue from other government contributions or donations, and as program expense, since contract payments from the Region do not include an amount for use of these facilities.
- (iv) The fair value for use of non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Contributions of other assets, supplies and services that the Region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers' contributed services are not reported, as a fair value cannot be reasonably determined.

# (d) Employee Future Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for the Region's participating employees, based on years of service and earnings. Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the Region has insufficient information to apply defined benefit plan accounting. Pension costs comprise the employer's contributions required for its employees during the year, based on rates expected to provide benefits payable under the pension plan.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

# (d) Employee future benefits (continued)

The Region does not record its portion of the plan's deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a non-contributory defined benefit Supplemental Executive Retirement Plan (SERP) to senior executives (Note 10). The cost of these benefits is actuarially determined using the projected benefit method pro-rated on service, a market interest rate, and an actuarial stains of expected costs and the period of benefit coverage. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The Region's SERP is fully funded on an annual basis.

## (c) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are capitalized. The purchase and sale of investments are accounted for using the trade date method of accounting.

# (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Losses and receivables", financial liabilities classified as "other financial liabilities" and financial assets classified as "held to maturity" are measured at amortized cost using the effective interest method.

David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (f) Financial Instruments (continued)

The Region has classified its financial assets and financial liabilities as follows:

Financial Assets and Liabilities	Classification
Cash and equivalents	Held for trading
Investments	Available for sale
Accounts receivable	Loans and receivables
Contributions receivable from Alberta Health and Wellness	Louns and receivables
Loans - continuing care partnership projects	Loans and receivables
Accounts payable	Other financial liabilities
Long-term debt	Other financial liabilities

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying value of receivables, payables and loans — continuing care partnerships project approximate their fair value. The fair value of Investments is disclosed in Note 3 and the fair value of Long-term debt in Note 9. Unless otherwise noted, it is management's opinion that the region is not exposed to significant interest, currency or credit risks arising from its financial instruments.

#### (a) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Region adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at lower of cost and current replacement cost using the weighted average method of accounting. All other inventories are valued at lower of cost and net realizable value, on an individual item basis.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (h) Capital Assets

Capital assets and work in progress are recorded at cost and senortized over their estimated useful lives on a straight-line basis as follows:

	Useful life
Land improvements	10 - 20 years
Pacilities and improvements	10 - 40 years
Equipment	3 - 20 years
Leased equipment	Loase term

Capital assets with unit costs less than five thousand dollars are expensed. Work in progress is not amortized until the project is complete. Lesses transferring substantially all benefits and risks of capital assets ownership to the Region are reported as capital esset acquisitions financed by long-term obligations.

# (I) Measurement uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Amortization of capital assets and external capital contributions is based on estimates of the useful life of related assets. Accrued liabilities for utility contracts, home care services and diagnostic testing are estimated based on prior usage. Actual results could differ from estimates.

# David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 3 Cash and Investments

		2009		2008		
	Pair Mark	net	Fair Market			
	Value	Cont	Value	Cont		
				stated) ote 21)		
Cash	\$ 37,152	\$ 37,152	\$ 28,953	\$ 28,953		
Term deposits	1,533	1,533	1,308	1,308		
Money market securities	67,036	67,037	77,418	77,419		
Bonds and bond funds	10,484	10,132	10,162	10,002		
Marketable securities	4.294	5.290	4,646	4.715		
Total cash and investments	\$120,499	\$121,144	\$122.487	\$122,397		
Classified as:						
Current	\$ 99,825		\$ 83,368			
Non-current	20,674		39,119			
Total cash and investments	\$120,499		\$122,487			

- (i) Term deposits represent funds held by Primary Care Networks (Note 19(c)). Eligible investments and durations are defined within the Primary Care Initiative policies.
- (ii) To optimize returns at an acceptable risk level, management has established a policy asset mix of 0% to 60% for fixed-income instruments, 0% to 20% for equities and 20% to 100% for cash and cash equivalents. Risk is reduced through diversification.
- (iii) Pixed-income securities, such as bonds (Government of Canada, Provincial other than Alberta), and bond funds (Global Government Bond Index, Private Canadian Corporate) have an average effective yield of 3.45% per year for securities maturing between one and six years. As at March 31, 2009, the securities have the following maturity structure:

	3
1 to 5 years	90
5 to 10 years	16

(iv) Equities (Canadian - 62%, U.S. - 38%) comprise publicly-traded securities in major stock markets. Risk is reduced by prudent security selection and sector rotation.

# Note 3 Cash and Investments (continued)

(v) Unrealized investment losses totalled \$645,000 at March 31, 2009. Of this amount, \$400,000 is related to unrestricted investments and has been recognized within the Consolidated Statement of Operations due to the likelihood that these investments will be liquidated during the next year. The balance of \$245,000 is related to restricted investments and is included within deferred contributions.

# Capital Assets

Capital Asset	1	Opening Balance ril 1, 2008	Transfers from Capital Projects in Progress			Additions		Disposals		Closing Balance March 31, 2009	
	-	Restated) Note 21)									
Land Land improvements Facilities and improvement Equipment Capital projects in progress	\$	6,577 11,293 536,488 146,381 47,178	\$	7,112 12,609 (20,875)	s	6,981 16,854	s	(634) (95) (5,750)	\$	7,731 10,659 543,505 160,221 43,157	
	\$	747,917	\$		\$	23,835	5	(6,479)	3	765,273	

			Ac	cumbate	d A	morthation				Net Book	k Vale	
		Opening Balance ril 1, 2008	_		Az	ocumulated mortization Disposals		Closing Balance rch 31, 2009	Ma	ch 31, 2009	Mac	ch 31, 2008
		Restated) Note 21)									-	Restated) Note 21)
Land	3	*	\$		\$		5		5	7,731	5	6,577
Land improvements		3,830		845		(634)		4,041		6,618		7,463
Pacilities and improvements		227,374		15,546		(94)		242,826		300,679		309,114
Equipment		94,828		15,099		(5,715)		104,212		56,009		51,553
Capital projects in progress	_	-		-	_	•		-	_	43,157	_	47,178
	\$	326,032	\$	31,490	\$	(6,443)	\$	351,079	\$	414,194	3	421,885

# David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Capital Assets (continued)

# (a) Leased equipment

Equipment was acquired through capital leases at a cost of \$849,000 (2008 \$602,000) with accumulated amortization of \$717,000 (2008 \$443,000).

Capital	assets were	funded	from the	following	sources:

	_2009_	2008
Short-term debt	\$ 425	\$ 425
Long-term debt	441	451
Unamortized external capital contributions	379,339	389,842
Investment in capital assets from internally funded sources	_33.989 \$414.194	31.167 \$421.885
Loans - Continuing Care Partnership Projects		

#### Note 5

	2009	2008		
Loans receivable				
Continuum Healthcare Corporation	\$ 122	\$ 157		
Michener Hill Village	7,563	1,314		
Voluntary health service providers	_18,528	19,185		
	\$26,213	\$20,656		

The Region has a non-interest bearing forgivable loan with Continuum Healthcare Corporation initiated under the Healthy Aging Partnership Initiative. During the year, \$35,416 (2008 \$35,872) was forgiven under the terms of the agreement.

The Region has signed contracts with three voluntary health service providers under the Private Public Partnership Initiative (P3) and Health Aging Partnership Initiative (HAPI) to build and operate continuing care and assisted living facilities within the region. The Region uses the forgivable mortgage model for reporting the contribution and advancement of funds. The provincial government supports partnerships between the Region and private, public or voluntary organizations by providing a one-time, up-front capital grant. The Region in turn provides a demand loan to the partner. The partner uses these funds towards the construction of the facility. The loan is repayable on demand, is secured by the facility and is forgivable for services rendered by the owner as per the terms of the contract. During the year, \$657,047 (2008 \$657,047) was forgiven on the loans receivable and has been recorded in the facility based continuing care services expense.

Pursuant to these contracts, interest has been charged at the bank prime rate (2.50% at March 31, 2009) plus 2% on the loans receivable for a total of \$1,189,171 (2008 \$1,642,844). This amount is included in investment income. The interest has been forgiven and \$1,189,171 (2008 \$1,642,844) has been recorded in the facility based continuing care services expense. The remaining balance of the loans will be forgiven on a straight-line basis or repaid over a term of 30 years.

# Note 6 Other Assets 2009 Laboratory Lean Project \$132 Mineral rights 24

The accrued pension benefit relates to the Supplementary Executive Retirement Plan, which is fully funded (Note 10).

# Note 7 Defected Contributions

Cooperative's shares

Accrued pension benefit

The balance at the end of the year is restricted for the following purposes:

	2009_	
Inputient Acute Care Nursing	\$ 398	s -
Emergency and Outpatient Services	2,795	4,286
Continuing Care Services	1.433	1,607
Community-based Services	4,484	6,273
Diagnostic and Therapeutic Services	1,280	1,179
Promotion, Prevention & Protection	1,450	1,208
Research and Education	163	223
Information Technology Programs	15.378	710
Support Services	396	684
Alberta Infrastructure	20,931	11,276
Pandemic Supplies	2,710	2,759
Human Resources Projects	8,555	-
Special Purpose Punds - Donations	8,771	8,676
Other	23	2
Total	\$68.767	\$38.883

David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 8 Deferred Capital Contributions

Balance at the end of the year is restricted for the following purposes:

	2009	2008
Equipment replacement New construction	\$ 558	
INCW CONSTRUCTION	5,403	12,296
	\$ 5.961	\$ 18,538

# Note 9 Long-term Debt

2008

\$265

3

505

\$664

24

3

536

\$828

	2009				2008					
	Pair Value		Pair Value		Value Cost		Fair Value			Cost
Bank loan(1)	\$	326	\$	326	\$	388	\$	388		
Obligations under capital lease <sup>(2)</sup>		115		115		63		63		
				441				451		
Current portion			_	(179)				(125)		
			\$	262			\$	326		

Puture principal payments are estimated for the year ended March 31:

	Bank Loan	Capital Lease	Total
2010	64	115	179
2011	67	-	67
2012	70	-	70
2013	72		72
2014 and thereafter	_53		_53
	\$326	\$115	\$441

- (1) The bank foan is due in monthly installments of \$6,367 including interest at 3.85% (rate term expires on June 1, 2009). It is accured by a general assignment of book debts and matures November 2010 and is renewed annually, amortized to 2018.
- (2) The capital lease expires on November 30, 2009. The implicit interest rate payable on the lease is 3%.

#### Note 10 Long-Term Employee Benefits

# (a) Supplementary Executive Retirement Plan

		2009		2008
Accrued benefit obligation				
Accraed obligation, beginning of year	5	1,305	5	1,221
Current service cost		90		112
Interest cost		71		70
Prior service cost		-		1
Actuarial gain		(174)		(80)
Benefit payments		(42)		(19)
Accrued benefit obligation, end of year	\$	1,250	\$	1,305
Reconciliation of funded status of accrued benefit asset/fiability				
Funded status of plan		362		165
Unamortized actuarial loss (gain)		(6)		147
Unamortized prior service costs				1
Unamortized initial obligation		149		223
Accrued benefit asset	\$	505	3	536
Current service cost		90		113
Interest cost		71		69
Amortization of prior service costs		74		78
Amortization of net actuarial loss		27		18
Expected return on plan assets		(39)		(33)
Benefit cost	\$	223	5	245
Significant actuarial assumptions are as follows:				
Diacoust rate		6.2%		5.2%
Expected return on plan amets		3.1%		2.6%
Expected average remaining service life of employees		9 years		9 years
Salary increase		4.0%		4.0%
The above information is based on the actuarial valuation performed	at March 31, 2	009.		
The Region's SERP is fully funded on an annual basis.				
Plan assets (held by trustee)				
Employer contributions - fair value of assets at March 31		766		731
Plan assets (held by Canada Revenue Agency)				
Employer contributions paid by refundable taxes	-	846	-	738
Total plan assets	\$	1,612	\$	1,469
Praded status of plan	5	362	\$	165
A CONTRACTOR OF THE CONTRACTOR	-			-

David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

#### Note 10 Long-Term Employee Benefits (continued)

# (b) Pension Expense

Pension expense in these financial statements is equal to the Region's annual contributions of \$24,481,000 for the year ended March 31, 2009 (2008 \$21,424,000).

At December 31, 2008, the Local Authorities Pension Plan reported an actuarial deficit of \$4,413,971,000 (2007 deficit \$1,183,344,000).

# Note 11 Accumulated (Deficit) surplus

The Region's accumulated (deficit) surplus comprises of the following:

	2009	2008
Accumulated (deficit) surplus	\$(25,492)	\$ 8,678

The Region has reported an accumulated deficit at March 31. Per Alberta Regulation 15/95 of the RHA Act, Alberta Health Services will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the net accumulated deficit of all health regions combined, within three years of incurrence.

# Note 12 Commitments and Contingencies

The Region is contingently liable for the buyback of 27 assisted living units at the option of and at 90% of the original cost to the purchaser. The average cost is \$100,000 per unit. However, management feels that these units could be resold and costs recovered and that realistically, the possibility of having to purchase back all units simultaneously is highly improbable. As at March 31, 2009, the Region was negotiating the sale of vacant units and the buy-back obligations on all other units with an arm's length not for profit organization.

The Region contracts on an ongoing basis with voluntary and private health service operators to provide health services in the region. The Region has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009. Contracted continuing care services total \$29,433,000 on an annual basis, subject to inflation and service requirements.

The Region is currently in the process of developing a new P3 project, Michener Hill Village, that would replace the 220 continuing care beds in Valley Park Manor and Red Deer Nursing Home. Funding in the amount of \$21,401,000 was received and cost to date total \$7,563,653.

# Note 12 Commitments and Contingencies (continued)

The Region has committed to capital upgrade projects at the Rimbey Health Centre in the amount of \$20,000,000. Total costs to date are \$17,699,005 and total contributions to date are \$20,000,000.

The Region has committed to capital projects at the Red Deer Regional Hospital Cancer Centre, Red Deer Community Health Centre and the Michener Centre Site (Red Deer) in the amount of \$82,400,000. Total costs to date are \$21,581,518 and contributions to date total \$21,600,000.

In the ordinary course of operations, various claims and lawsuits are brought against the Region.

While it is not possible to estimate the ultimate liability with respect to any pending litigation, the
Region believes there will be no material adverse effect on its financial position.

# Note 13 Budget

The budget was approved by Senior Management of the Region, and was submitted to Alberta Health and Wellness and Alberta Health Services.

David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 14 Alberta Health and Wellness Contributions

		2009		(Restated) (Note 21)		
Unvestricted contributions	\$	549,494	\$	558,390		
Restricted contributions		37,706		65,186		
Transfers to deferred contributions		(7,971)		(15,076)		
Transfers to deferred capital contributions		(18,282)		(50,110)		
Transfer to RSHIP project		(1,500)		-		
Transfers from deferred contributions		18,290		15,778		
Transfers from deferred capital contributions		1,336		10		
Share of project funds held in trust (Note 20)		35		201		
Share of Primary Care Networks		2,367		1,445		
Restricted contributions made by Alberta Health at directly to other health service operators on the Re		4,216	_	1,241		
	\$	585,691	3	577,065		

# Note 15 Other Government Contributions

	-	2009	2008		
Unrestricted Alberta Infrastructure	\$		\$	5,220	
Fair value of rent less rent charges for non-acute care					
facilities used by the Region		619		551	
Transfers from deferred contributions		4,151		2,763	
Transition grant from East Central Health Region (Note 23)		2,707		-	
EMS Transition Grant from East Central Health Region		133		-	
Transfers from deferred capital contributions		-		769	
Workers Compensation Board - refund		1,352		1,746	
Alberta Cancer Board		687		624	
Other	_	728			
	5	10,377	5	11,673	

# Note 16 Ancillary Operations

		2009					2008					
	R	EVERNE		Direct operates		ntization pense	(Defi	ciency) of caue over spenses	R	evenue	(Defic Reve	ncess niency) of nue over peoses
Non-patient food services	\$	1,487	s	1,724	5	1	\$	(238)	3	1,798	\$	(143)
Assisted living condos (1)		3		57				(54)		103		49
Parking operations		1,250		851		-		399		1,189		232
David Thompson Dispensary		1,607		1,709		-		(102)		1,654		(30)
TV and telephones		116		65		-		51	_	120		61
	\$	4,463	\$	4,406	\$	1	\$	56	3	4,864	\$	169

(1) Includes Designated Assisted Living: Hoosing/hoteling component for only those facilities owned by a health region

# David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 17 Investment and Other Income

	2009	2008
		(Restated
		(Note 21)
Investment income	\$ 4,028	\$ 3,938
Unrealized investment losses recognized	(400)	-
Other income	12,925	11,098
	\$ 16,553	\$15,036

Investment income is comprised of interest, dividends, and net gains and losses on disposal of investments.

Other income is comprised of revenue from various programs and revenue and expense recoveries external to the Region.

# Note 18 Changes in Non-cash Operating Working Capital

	2009			2008
			(R	cotated)
			(N	lote 21)
Accounts receivable	\$	3,706	\$	1,730
Contributions receivable from Alberta Health and Wellness		205		5,103
Inventories		(810)		449
Prepaid expenses		746		523
Loans - continuing care partnership projects		(5,557)		(622)
Other assets		164		(282)
Accounts payable and accrued liabilities		14,596		(1,643)
Accrued vacation pay		2,226		1,792
Deferred contributions		29,884		11,584
Deferred contributions - continuing care partnership projects	_	(311)		20,842
	s	44,849	s	39,476

### Note 19 Related Parties

# (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints the members of the Alberta Health Services Board. The Board is economically dependent on the Ministry of Health and Wellness since the viability of its operations depends on contributions from the Ministry.

The Region had the following transactions with other regional health authorities and provincial health boards recorded on the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

	2	009			2008				
Revenue	Expense	Re	ceivable	Payable	Revenue	Expense	Re	ceivable	Payable
\$ 6,081	\$ 3,123	5	3,239	\$5,007	\$ 3,635	\$ 1,280	\$	6,974	\$6,557

# (b) Regional Shared Health Information Program (RSHIP)

The aeven non-metro health regions, Aspen Health Region, Chinook Health Region, David Thompson Health Region, East Central Health Region, Northern Lights Health Region, Palliser Health Region, and Peace Country Health Region, have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative.

	2009	2008
Alberta Health and Wellness funding	\$ 2,949	\$ 3,607
Health Region contribution	948	3,688
Total	\$ 3.897	\$ 7.295
Reported as follows:		
Expenses	\$ 1,285	\$ 1,700
Capital assets	1.449	5,595
Total	\$ 2.734	\$ 7.295

David Thompson Health Region

Notes to the Consolidated Financial Statements

For the Year Ended March 31, 2009

(Tabular amounts in thousands of dollars)

# Note 19 Related Parties (continued)

# (c) Primary Care Networks

The Region's interest in its Primary Care Networks (joint ventures) are included in the financial statements under the proportionate consolidation method at the following percentages:

Provost - Consort Primary Care Network	25%
1202762 Alberta Ltd Operating as Rocky Mountain House Primary Care Network	50%
1191451 Alberta Ltd Operating as Red Deer Primary Care Network	50%
Big Country Primary Care Network	50%
Wolf Creek Primary Care Network	50%

Audited financial statements were not available from the Primary Care Networks at the time of preparation of these financial statements.

#### (d) Foundations

The Region has an economic interest in the following foundations:

	Co	entribution the R	s Rece	
		2009		2008
David Thompson Health Region Foundation Wetsakiwin Health Foundation	\$	1,226 208	\$	1,522
Drayton Valley Health Services Poundation Stattler Health Services Poundation		337 139		248 60
Coronation Health Centre Foundation		12		47
Drumheller Area Health Foundation		153		113
Consort Hospital Foundation		-		_ 5
	5	2,075	\$	2,547

Contributions are comprised of externally restricted amounts for equipment, programs, research and education.

# Note 19 Related Parties (continued)

# (d) Foundations (continued)

Included in accounts receivable are amounts owing from the foundations at year-end as follows:

2	009	2	800
8	504	5	226
	41		409
	9		13
	5		13
	34		
	-		14
3	593	\$	675
	\$	5	\$ 504 \$ 41 9 5

Resources of the foundations are restricted by donors for the exclusive use of the hospital or care centre in the community in which the foundation resides.

Audited financial statements were not available from the foundations at the time of preparation of these financial statements. Additional preliminary information for the David Thompson Health Region Foundation is provided as follows:

2009		2008
\$ 8,754	\$	8,379
234		393
8,520		7,986
5,741		3,192
4,892		1,633
849		1,559
7,913		7,236
607		750
\$ 8,520	3	7,986
	\$ 8,754 234 8,520 5,741 4,892 849	\$ 8,754 234 8,520 5,741 4,892 849

# David Thompson Health Region Notes to the Consolidated Financial Statements For the Year Ended March 31, 2009 (Tabular amounts in thousands of dollars)

# Note 19 Related Parties (continued)

# (e) Contracts with Health Service Providers

The Region has an economic interest through its contracts with voluntary and private health service providers in the region. Funding was provided as follows:

				2009				1	2008		
		Voluntary Health Service Providers		Private Health Service roviders	Total	Voluntary Health Service Providers		Private Health Service Providers		Total	
Direct Region funding Direct Alberta Health and Wellness funding	\$	19,524	\$	184	\$ 45,113 184	\$	18,113	\$	184	\$ 40,410 184	
Fees and charges Total	3	4,150 23,674	\$	1,758 27,531	5,908 \$ 51,205	\$	4,189	5	1,730 24,211	5,919 \$ 46,513	

# Note 20 Trust Funds

(a) The Region received funds in trust from Alberta Health and Wellness for the Regional Shared Health Information Program. These amounts are not reported in these financial statements.

During the year, the Region received \$7,421,617 (2008 \$1,400,000) and disbursed \$2,249,484 (2008 \$11,922,133) for costs relating to the project. The Region shows revenue equal to its share of the expenses in the amount of \$1,285,380. The funds held by the Region is \$0 (2008 deficit \$5,172,133).

(b) The Region received funds in trust from Alberta Health and Wellness for implementation of Continuing Care Health Service Standards for Health Care Aide Education. These amounts are not reported in these financial statements.

During the year, the Region received \$0 (2008 \$0) and disbursed \$0 (2008 \$2,595,380) for costs relating to the project. The Region showed revenue equal to its share of the expenses in the amount of \$34,409. The balance of funds held by the Region is \$247,020 (2008 \$247,020).

# Note 21 Restatement of Prior Year Figures

(a) Based on new information provided to the Region, it has been determined that the Region has joint control over the Primary Care Networks. Accordingly, the Primary Care Networks have been included in the Financial Statements of the Region retroactively, using the proportionate consolidation method. This resulted in the following changes to the Financial Statements as reported for March 31, 2008:

		arch 31, 2008 s Originally Stated	A	fjustment	Ma	ss Restated
Statement of Financial Position:						
Cash and investments	3	79,941	\$	3,427	\$	83,368
Accounts receivable		17,734		83		17,817
Prepaid expenses		2,061		2		2,063
Capital assets		421,742		143		421,885
	\$	521,478	\$	3,655	\$	525,133
Accounts payable and accrued liabilities	\$	45,279	\$	176	5	45,455
Deferred contributions		35,547		3,336		38,883
Unamortized external capital contributions		389,699		143		389,842
	\$	470,525	\$	3,655	5	474,180
Statement of Operations:						
Alberta Health and Wellness contributions	5	575,620	\$	1,445	\$	577.065
Investment and other income		14,854		182		15,036
Amortized external capital contributions		24,654		43		24,697
		\$615,128		\$1,670		\$616,798
Community-based care	3	28,023	\$	1,670	\$	29,693

(b) The Consolidated Statement of Cash Flows has also been restated to correct for an error in 2008. Changes in non-cash operating working capital has been increased, and capital contributions received has been decreased, by \$8,179,000. David Thompson Health Region
Notes to the Consolidated Pinancial Statements
For the Year Ended March 31, 2009
(Tabular amounts in thousands of dollars)

# Note 22 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health services delivery system in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission (AADAC). Effective April 1, 2009, all the entities including the Region but excluding East Central Health were disestablished and all the assets, liabilities, rights and obligations of these entities including the Region were assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

# Note 23 Transition and Restructuring Expenses

As at March 31, 2009, the Region recorded incremental transition and restructuring expenses, related to the transition to AHS, consisting of severance costs and termination benefits (Schedule 2). In the Consolidated Statement of Operations, these expenses are included in Administration. Additional incremental expenses related to the transition to AHS are also reported and disclosed in the financial statements of East Central Health.

	Severance- Related
Liability as at March 31, 2008	\$ -
Expenses	2,707
Payments made during the year	(1,546)
Liability as at March 31, 2009	\$ 1,161

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AHS transitioning and the Region has recorded a receivable from East Central Health for the transition costs incurred as described above.

#### Note 24 Comparative Figures

Certain 2008 figures have been reclassified to conform to the 2009 presentation.

#### Note 25 Approval of Financial Statements

These consolidated financial statements have been approved by the Alberta Health Services Board.

Schedule 1

# David Thompson Health Region Consolidated Schedule of Expenses by Object For the Year Ended March 31, 2009 (thousands of dollars)

	Diagnostic and therapeutic supplies Dietary supplies Insurance Minor equipment purchases Patient transport and staff travel Rental or lease of building and equipment Utilities Other	(1) Other: Building and equipment maintenance	Amortization:  Capital equipment - internally funded  Capital equipment - externally funded  Facilities and improvements - internally funded  Facilities and improvements - externally funded	Drugs and gases  Medical and surgical supplies  Other contracted services  Interest on long-term debt  Other (1)	Salaries and benefits (Schedule 2)
		\$ 693,306	5,900 12,076 367 16,336	31,779 14,331 15,883 36,048 19 86,402	
69	1	60	1		2009
90,209	7,306 7,423 1,810 2,362 11,748 6,972 12,174 19,202	714,203	5,157 9,978 330 16,061	51,205 13,891 16,119 44,508 20 90,209	Actual 466,725
69	1	6	1		\$ 0
80,769	5,729 6,687 1,733 1,721 11,518 5,919 12,054 17,746	636,098	4,825 8,666 329 16,031	46,513 13,622 14,935 34,699 28 80,769	2008 Actual (Restated) 415,681

The accompanying notes and schedules are an integral part of these consolidated financial statements

David Thompson Health Region Schechale of Salaries and Benefits For the Year Ended March 31, 2009 (thousands of dollars)

				200	19				2008	
						Severan	ice <sup>(b)</sup>			
	Number of FIEs <sup>(4)</sup>	Base Salary <sup>84</sup>	Other Cash Benefits <sup>(4)</sup>	Other Non-Clesh Benefits <sup>(403)</sup>	Sub Think	Number of FIBs	Account	Total	Number of FTEs <sup>(a)</sup>	Total
Board Chale <sup>10</sup>										
Ken Hoghes - AHS	0.88	s -	\$ -	s -	s -	- 8	- 5	-	- \$	
Jean Griham	0.12		13		13			13	1.00	41
Board Members										
Jack Ady - AHS	0.88									
Piece Crevalin - AHS	0.21	-				-	-		-	
Ontherine Roozen - AHS	0.63				-	-	-			
Linds Hishol - AHS	0.88					-	-			
John Lehners - AHS	0.88					_		-		-
Irone Lowis - AHS	0.88	-								
Don Sichen - AHS	0.88	-				-	-	-		
Lori Andreachuk - AHS	0.33				-					-
Gord Bontje - AHS	0.33							-	-	-
Teri Lynn Bougie - AHS	0.33					-	-		-	
Jim Clifford - AHS	0.33	-				-		-	-	-
Strater Crowloot - AHS	0.33	-			-	-	-		-	
Tony Pranceschini - AHS	0.33	-				-		-		
Andrew Laupecis - AHS	0.33						-	-		-
Goed Winkel - AHS	0.33					-	-			-
Colleen Andersen	0.12		3	-	3	-	-	3	1.00	23
Gloria Bergman	0.12		3	-	3	-		3	1.00	12
Michael Dawe	0.12	-	3	-	3		-	3	1.00	13
Don Fowler	0.12		3	-	3	-		3	1.00	16
lirene Gataint	0.12		4		4	-	-	4	1.00	11
E. Sylvia Cillespie	0.12		3		3	-		3	1.00	12
Wama Moore	0.12		7	-	7	-	-	7	1.00	21
Winyone Notley	0.12	-	5	-	5	-		5	1.00	15
Brent Pedersen	0.12	-	4	-	4	-		4	1.00	15
Helen Posti	0.12	-	4	-	4	-	-	4	1.00	14
Kathy Rooyaldees	0.12		5		5	-	-	5	1.00	26
Sheila J. Taylor	0.12	-	5	-	5	-		5	1.00	16
Robert G. Thompson	0.12	-	4	-	4	-	-	4	1.00	11
Dorothy Ungeted	0.12		5		5	-		5	1.00	12
Sub-total	10.56	\$ .	\$ 71	\$ -	\$ 71	5 - 3	- \$	71	15.00 \$	258

David Thompson Health Region Schedule of Salaries and Benefits For the Year Ended March 31, 2009 (thousands of dollars)

				2009					2008		
						Severa	nce(e)				
	Number of	Huse Salary <sup>(1)</sup>	Other Cash Benefits <sup>(1)</sup>	Other Non-Clash Benefits <sup>440</sup>	Sob-total	Number of FIEs	Amount	Total	Number of FIEs <sup>68</sup>	Total	
Board Direct Reports (14											
President and Chief Executive Officer - AHS®		\$ -	\$ -	\$ -	\$ -	-	5 - 1	\$ -		\$	
Interim Chief Executive Officer - AHS®	-				-				-		
President & CEO <sup>SOO</sup>	0.3	97	12	67	176	1.0	970	1,146	1.00	42	
CRO Mirect Reports®											
Sr. Vice President & COO - health Services (1990)	0.5	108	3	40	151	1.0	529	680	1.00	283	
Vice President & COO - Corporate Services (1984)	LO	216	4	46	266			266	1.00	254	
Vice President - Public Health <sup>(b)</sup> Vice President - Capital Plausing & Project	1.0	167	4	34	205		-	205	1.00	180	
Development <sup>(1)</sup>	1.0	160	4	37	201		-	201	1.00	195	
Vice President - Medicine	0.8	252	22	51	325	•		325	0.79	312	
Vice President - Communications & Public Relations	0.8	115	2	25	142	1.0	335	477	1.00	161	
Executive Disector - Corporate & Legislative Affairs 00	1.0	123	4	24	151			151	1.00	130	
Sub-total	6A	1,238	55	324	1,617	3.0	1,834	3,451	7.79	1,98	
Other management persons reporting to those above <sup>66</sup> Other management	38.3 232.1	4,796 22,756	39	916 4,425	5,751 27,282	4.0	834	6,585 27,282	39.54 235.65	5,787 26,100	
Medical decrees not included above	35	1.014	15	86	1,115			1,115	2.85	980	
Regulated manes not included above											
- RNs, Reg. Paych, names, Grad nurses	1,525.5	111,812	24,756	22,471	159,009	1.0	2	159,041	1,483.50	146,660	
-LPNs	4365	21,911	2,792		28,956			28,956	425.27	24,74	
Other health technical and professionals	1,037.0	69,935	4,151	13,990	88,096			88,096	993.49	77,45	
Unregulated health service providers	899.7	32,289	4,606		42,904	1.0	8	42,912	839.35	36,10	
Other staff	2,052.6	86,930	4,825		109,216		-	109,216	1,981.03	95,68	
Total Staff	6,225.2	351,463	41,285	69,611	462,359	6.0	844	463,208	6,000.68	413,48	
Total honoraria and staff	6,242.2	\$ 352,701	s 41,411	\$ 69,935	\$ 464,017	9.0	\$ 2,678	\$ 466,725	6,023,47	\$ 415,68	

David Thompson Health Region Schedule of Salaries and Benefits For the Year Ended March 31, 2009 (thousands of dollars)

Supplemental Executive Retirement Plant

		2009						8006						
		Clarrent Service Cost		Other SEERP Costs		Total		Total		Accrued Benefit Obligation March 31, 2008		Change in Accrued Bezefit Obligation		ed Benefit ligation h 31, 2009
President & CEO	\$	13	\$	52	\$	66	\$	90	\$	506	\$	(27)	s	479
Sr. Vice President & COO - Health Services		7		17		24		31		193		(14)		179
Vice President & COO-Corporate Services		9		10		19		20		138		(4)		134
Vice President - Public Health		5		1		6		6		32		(1)		31
Vice President - Capital Planning & Project Development		5		5		10		10		49		1		50
Vice President - Medicine		27		2		29		24				25		25
Vice President - Communications & Public Relations		5		1		6		2		3		(3)		
Other management peasons reporting to those above		19		45	_	64	_	62	_	384	_	(32)		352
	. \$	90	\$	133	\$	223	\$	245	\$	1,305	\$	(55)	\$	1,290

# David Thompson Health Region Schedule of Salaries, Honoraria, Benefits, Allowances and Severance For the Year Ended March 31, 2009

- (a) Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed during the year was 11,817 (2008 10,487). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- (b) Base salary includes pensionable base pay.
- (c) Other cash benefits include honoraria, bonuses, overtime and lump sum payments.
- (d) Other non-cash benefits include:
  - Employer's current service and prior costs of supplementary executive retirement plan per (f) below.
  - Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans.
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay.
- (e) Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- (f) Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executives may receive supplemental retirement payments. SERP costs are not cash payments in the period but are the period expense for rights to future compensation. SERP costs shown reflect the actuarially estimated cost to provide pension income over the post-employment period. SERP provides future pension benefits to participants based on years of service and earnings. See also accounting policy Note 2(d) Employee Future Benefits and (Note 9) Long-term Employee Benefit Liabilities.

Current service cost is the actuarial present value of the benefit earned in the fiscal year. Other SERP costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service cost, interest accruing on the actuarial liability and the full amount of any actuarial gain or loss in the period.

# David Thompson Health Region Schedule of Salaries, Honoraria, Benefits, Allowances and Severance For the Year Ended March 31, 2009

- (g) On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- (h) Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- (i) On July 8, 2008 the Region's CEO was terminated. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CEO AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO AHS are reported and disclosed in the financial statements of East Central Health.
- (j) CEO Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted below.
- (k) These individuals are provided with an automobile allowance. Dollar amounts are included under (c) above.
- (l) Based on future SERP compensation benefits described under (f) above, the following schedule outlines pension income received by individuals who retired within the 2008-09 fiscal period:

<u>Title</u>	Pension Income	<b>Elected Frequency</b>	Term
President & CEO	\$3,030	Monthly	Indefinite
Sr. Vice President & COO - Health Services	\$1,173	Monthly	Indefinite

(m) Effective November 1, 2008, the Vice President & Chief Operating Officer, Corporate Services was also appointed the Senior Vice President, Pharmacy & Diagnostic Services – AHS. Costs incurred are reported in the accounts of the Region.

# East Central Health

**Financial Statements** 

March 31, 2009

# EAST CENTRAL HEALTH FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management Financial Responsibility

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefitx

Schedule 3 - Alberta Health Services Consolidated Schedule of Salaries and Benefits

Schedule 4 - Schedule of Assets, Liabilities and Net Assets Transferred to Alberta Health Services

# EAST CENTRAL HEALTH

# MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

# FINANCIAL STATEMENTS

# MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been approved by senior management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, seandards, procedures, a formal authorization structure, and satisfactory processes to review internal controls. This system offers management reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded. The Region has established a code of ethics and corporate directives, which include communication of the code to employees.

Region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statementa. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed]

Dr. Stephen Duckett Chief Executive Officer Alberta Health Services [Original signed]

Alan F. Heyhurst, CA Interim Chief Financial Officer East Central Health

[Original signed]

Chris Mazurkewich, CA Chief Financial Officer Alberta Health Services



# Auditor's Report

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of East Central Health (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dumn]
FCA
Auditor General

Edmonton, Alberta June 11, 2009

# EAST CENTRAL HEALTH

# STATEMENT OF FINANCIAL POSITION

# MARCH 31, 2009

(in thousands)

		2009	2008		
		Actual		Actual	
ASSETS					
Current:					
Cash, cash equivalents and investments (Note 3)	5	129,925	S	16,144	
Accounts receivable		6,635	-	7,824	
Contributions receivable from Alberta Health and Wellness		10,603		3,320	
Inventories		2,533		2,530	
		149,696		29,818	
Non current cash, cash equivalents and investments (Note 3)		99,529		17,932	
Capital assets (Note 4)		142,821		135,057	
Other assets (Note 5)		396		825	
TOTAL ASSETS	\$	392,442	\$	183,632	
LIABILITIES AND NET AS Current:	SEIZ				
counts payable and accroed liabilities	S	82,236	2	20,047	
Accrued vacation pay		8,590		7,180	
Deferred contributions (Note 6)		70,510		9,112	
		161,336		36,339	
Deferred contributions (Note 6)		230		220	
Deferred capital contributions (Note 7)		99,299		17,712	
Unamortized external capital contributions		131,410	-	123,005	
		392,275		177,276	
Net Assets					
Accumulated deficit (Note 20)		(11,244)		(5,696)	
Investment in capital assets		11,411		12,052	
		167		6,356	
TOTAL LIABILITIES AND NET ASSETS	3	392,442	5	183,632	

The accompanying notes and schedules are part of these financial statements.

# EAST CENTRAL HEALTH

# STATEMENT OF OPERATIONS

# FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

	20	109	2006
	Budget	Actual	Actual
	(Note 11)		
Revenue			
Alberta Health and Wellness contributions (Note 12)	\$ 240,165	\$ 322,968	\$ 222,507
Other government contributions (Note 13)	2,100	3,081	2,053
Fees and charges	21,423	22,115	20,464
Ancillary operations (Note 14)	677	645	772
Donations	10	193	352
Investment and other income (Note 15)	4,758	2,779	3,797
Amortized external capital contributions	7,964	8,555	7,985
TOTAL REVENUE	277,097	360,336	257,930
Expenses (Schodule 1)			
Impatient acute mursing services	46,410	49,245	45,205
Emergency and outpatient services	10,223	12,994	10,262
Facility-based continuing care services	45,942	48,146	43,051
Community-based care	15,063	16,597	12,411
Home care	23,397	26,076	22,888
Diagnostic and therapeutic services	42,960	45,386	39,569
Promotion, prevention and protection services	7,385	9,768	6,547
Administration	17,272	21,405	16,221
Information technology	10,156	9,796	9,303
Support services	58,239	60,171	50,987
Amortization of facilities and improvements	3,893	3,861	3,893
Transition expenses (Note 19)		66,196	
TOTAL EXPENSES	280,940	369,641	260,337
Deficiency of revenue over expenses before transfers	(3,843)	(9,305)	(2,407)
Transfer of HBA Services (Note 9)		3,116	-
Deficiency of revenue over expenses after transfers	\$ (3,843)	\$ (6,189)	\$ (2,407)

# EAST CENTRAL HEALTH

# STATEMENT OF CHANGES IN NET ASSETS

# FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

			2008					
	Accumulated Deficit			estment in ital assets	 Total	Total		
Balance at beginning of year	\$	(5,696)	\$	12,052	\$ 6,356	\$	8,763	
Deficiency of revenue over expenses		(6,189)		-	(6,189)		(2,407)	
Transfer of HBA Services (Note 9)		(488)		488	-		-	
Capital assets purchased with internal funds		(2,215)		2,215	-		-	
Amortization of internally funded capital assets		3,344		(3,344)	-		_	
Balance at end of year	\$	(11,244)	\$	11,411	\$ 167	\$	6,356	

The accompanying notes and schedules are part of these financial statements.

# EAST CENTRAL HEALTH STATEMENT OF CASH FLOWS

# FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

		2		2008		
		Budget	A	ctual		Actual
Cash generated from (used by):	•				_	
Operating activities:						
Deficiency of revenue over expenses		\$ (3,843)	5	(6,189)	\$	(2,407)
Non-cash transactions:						
Amortization (Schedule 1)		10,928		11,899		10,928
Amortized external capital con	tributions	(7,964)		(8,555)		(7,965)
Disposals - externally funded				-		(21)
(Gain)/Loss on disposal of cap				(5)		18
Unrealized loss on investment		-		1,146		8
Transfer of HBA Services Cap		*		(488)		-
Changes in non-cash working capital ac	count	(3)	_	18,900		6,517
Cash (used by) generated from operations		(882)		16,708	_	7,078
Investing activities:						
Purchase of investments		*	(1	18,660)	(	(16,692)
Purchase of capital assets:						
internally funded - equipment		(840)		(2,215)		(2,097)
internally funded -work in progress		-		-		(308)
externally funded - equipment		(2,500)		(4,661)		(2,842)
externally funded -facilities and im-		(14,000)		(279)		(154)
externally funded - work in progres	8	-	(	12,019)	(	(23,403)
Proceeds on sale of investments		6,500		12,557		19,310
Proceeds on disposal of capital assets		-		5		3
Increase (decrease) in other assets		~		429		(117)
Allocations from non-current cash		-		23,360		5,152
Change in accoming policy		-		-	_	472
Cash used by investing activities		(10,840)	(1	01,483)	(	20,676)
Financing activities:						
Increase (decrease) in non-current	deferred contributions			10		(299)
Capital contributions received		10,000		98,546		19,121
Cash generated from financing activities		10,000		98,556		18,822
Increase (decrease) in current cash, cash equi	ivalents and investments	(1,722)	1	13,781		5,224
Current cash, cash equivalents and investmen	nts, beginning of year	16,144		16,144		10,920
Current cash, cash equivalents and investmen	nts, end of year	\$ 14,422	\$ 1	29,925	\$	16,144
The accommunity notes and schedules are a						

The accompanying notes and schedules are part of these financial statements.

# EAST CENTRAL HEALTH

# NOTES TO THE FINANCIAL STATEMENTS

March 31, 2009 (in thousands)

# Note 1 Anthority, Purpose and Operations

East Ceotral Health (the "Region") was established on June 24, 1994 under the Alberta Regional Health Authorities Act. The Region is a registered charity under the Income Tax Act and exempt from payment of income tax. Effective April 1, 2009, the Region will become Alberta Health Authority and will operate as Alberta Health Services ("AHS"). The Region will assume the assets and liabilities of the other regional health authorities, Alberta Mental Health Board, Alberta Cancer Board, and the Alberta Alcohol and Drug Abuse Commission (Note 18).

The Region delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

The Region's operations include the following facilities and sites:

- Bashaw Community Health
   Services
   Bashaw Care Centre
   Carnose Community Health
   Services
   Tofield Health Centre
   Tofield Health Centre
   Tofield Mental Health Clinic
   Services
   Two Hills Health Centre
- Hardisty Health Centre
   Vegreville Community Health
   Hardisty Mental Health Clinic
   Services
- Islay Care Centre
   Vegreville Mental Health Clinic
   Vermilion Commonity Health
- Kitscoty Community Health
   Services
   Vermilion Health Centre
   Lamont Community Health
   Vermilion Mental Health Clinic
   Vermilion Mental Health Clinic
- Centre Viking Community Health
   Mannville Care Centre Services
- Myrnam Home Care
   Provost Community Health
   Wainwright Community
- Provost Community Health
   Services
   Provost Health Centre
   Wainwright Community Health
   Services
   Wainwright Health Centre
- Provost Mental Health Clinic
  Sedgewick Community Health
  Services
  Wainwright Mental Health
  Clinic
  Services
  - Willingdon Home Care

The financial statements do not include the assets, liabilities and operations of voluntary or

# Note 2 Significant Accounting Policies and Reporting Practices

#### (a) Basis of Presentation

- The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Financial Directive 34.
- (2) These financial statements were prepared on a consolidated basis and include the following:
  - The Region uses the proportionate consolidation method to account for its 11.8% interest in the Regional Shared Health Information Program ("RSHIP") (Note 16(b)).
  - (ii) The Region uses the proportionate consolidation method to account for its 50% interest in the Cararose Local Primary Care Initiative and its 25% interest in the Provost Consort Primary Care Network (Note 16(c)).
  - (iii) The financial statements do not include the assets, liabilities or operations of the foundations described in Note 16(d), which are controlled by the Region.
- (3) These financial statements use the deferral method, the key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.
  - (ii) Restricted non-capital contributions are recognized as revenue in the year in which the related expenses are incurred.
  - (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as revenue in the period the related amortization expense of the capital asset is recorded.
  - (iv) Restricted contributions to purchase capital assets that will not be amortized are recorded as direct increases to net assets.
  - (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on held-fortrading financial assets are included in investment income and recognized as revenue in the Statement of Operations, deferred or reported directly in net assets, depending on the nature of any external restrictions imposed on the investment income. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
  - (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (b) Capital Disciosures

Effective April 1, 2008, the Region implemented new capital disclosure requirements per acction 1535 of the CICA Handbook. For operating purposes, the Region defines capital as including working capital and unrestricted net assets. For capital purposes, the Region defines capital as including deferred capital contributions, unamortized external capital contributions and investment in capital assets. The Region's objectives for managing capital are:

- In the short term to safeguard the Region's financial ability to continue to deliver health services; and
- In the long term to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of the Region's operating funding is from Alberta Health and Wellness which is paid at the first of each month. As a result, significantly less working capital is required. The Region monitors working capital and cash flow forecasts.

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants.

Where a Region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 20).

#### (c) Full Cost

The Region accounts for all costs of services for which it is responsible. Fair value transactions comprise:

- Revenue that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges and as the Region's contracted health service expense.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as they represent part of the Region's health program costs.
- (iii) Fair value for use of acute care facilities not owned by the Region is recorded as other government contributions or donations, and as program expense, since the Region's contract payments do not include amounts for use of these facilities.
- (iv) Fair value for use of non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services a health region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers' contributed services are not reported because a fair value cannot be reasonably determined.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

# (d) Employee Future Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees based on years of service and earnings. Defined contribution plan accounting is applied where there is insufficient information to apply defined benefit plan accounting. Pension costs comprise the employer's contributions for its employees during the year, based on rates expected to provide benefits payable under the pension plan. The Region does not record its portion of the plan's deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The plan is fully funded.

#### (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted for using the settlement date accounting method.

## (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations, deferred contributions or directly in net assets. "Loans and Receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest method.

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

The Region has classified its financial assets and financial liabilities as follows:

Financial Assets and Liabilities	Classification
Cash and equivalents	Held for trading
Investments	Held for trading
Accounts receivable and contributions receivable	Loans and receivables
Accounts payable and accrued liabilities	Other financial liabilities
Accrued vacation ray	Other financial liabilities

The Region does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

The carrying value of the above approximate their fair value became of the short term nature of these items. Unless otherwise noted, it is management's opinion that the Region is not exposed to significant interest, current or credit risks arising from its financial instruments.

#### (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidence on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost and current replacement cost.

The Region adopted this new standard as of April 1, 2006 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as moving average cost) and net realizable value.

#### (h) Capital Assets

Capital assets and work in progress are recorded at cost and amortized over their estimated useful lives on a straight-line basis as follows:

	Useful Life
Land improvements	20 years
Buildings and improvements	40 years
Leasehold improvements	20 years
Furniture and equipment	3-20 years

# Note 2 Significant Accounting Policies and Reporting Practices (continued)

Capital assets with unit costs less than five thousand dollars are expensed. Work in progress is not amortized until the project is complete. Leases transferring substantially all benefits and risks of capital asset ownership are reported as capital asset acquisitions financed by long-term obligations.

# (I) Accounting Policy Changes

The Canadian Institute of Chartered Accountants ("CICA") has issued new sources of generally accepted accounting principles which have not yet been applied but may impact the Region.

In December 2006, the CICA issued Section 3862 Financial Instruments Disclosures and Section 3863 Financial Instruments Presentation which replaces Section 3861 Financial Instruments Disclosure and Presentation. These standards will expand the disclosure requirements placing an increased emphasis on disclosures about the risks associated with recognized and unrecognized financial instruments and how those risks are managed. The Region will review these new standards and the impact, if any, will be reflected in the Region's financial statements for the year ended March 31, 2010.

In September 2008, the CICA issued new accounting standard Section 4470—Disclosure of Allocated Expenses. This section takes effect for the Region beginning April 1, 2009. The standard requires the Region to disclose policies adopted for the allocation of fundralising and general support expenses among functions, the nature of the expenses being allocated, the basis on which such allocations have been made, and the functions to which they have been allocated. The impact of this new standard will be reflected in the financial statements for the year ending March 31, 2010.

# (I) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. The amounts recorded for amortization of capital assets and amortization of external capital contributions are based on entimates of the useful life of related assets. The Supplementary Retirement Plan obligation is based on actuarial calculations. The restructuring cost to transfer employees to the Local Authorities Pension Plan is based on assumptions and actuarial calculations. Actual results could diffire from estimates.

Note 3 Cash, cash equivalents and investments

		20	109			2008					
	Fair Market Value			Cost		ir Market Value	Cost				
Cash and cash equivalents Bonds Equities	\$	220,468 6,302 2,684	5	220,442 6,392 3,773	\$	23,482 6,400 4,194	\$	23,482 6,290 4,312			
Total	\$	229,454	5	230,607	3	34,076	s	34,084			
Classified as:											
Carrent	5	129,925			\$	16,144					
Non-current		99,529				17,932					
Total cash, cash equivalents and investments	3	229,454			5	34,076					

(a) To optimize returns at an acceptable riak level, management has established a policy asset mix of 5% to 20% for cash and cash equivalents, 50% to 80% for fixed-income investments, 10% to 20% for Canadian equities and 5% to 15% for foreign equities. Risk is reduced through diversification.

Fixed-income accurities, such as bonds, have an effective yield of 6.05% per year, and 3.00% per amum for accurities maturing between 1 and 40 years. As at March 31, 2009, the accurities have the following maturity structure.

1 to 5 years	979
6 to 10 years	19
Over 10 years	29

(b) Equities comprise publicly-traded securities in major stock markets. Risk is reduced by prudent security selection and sector rotation.

# Note 4 Capital Assets

Coni													
				A	Allion	Bro.	HBA	Di	-	Closing State Murch 31, 28			
\$	LEN	8	*	5		8		3		8	L#74		
	3.000										3.099		
	137.300		279		-		*				131,647		
	122		*				457		*		284		
	38.330		2.632		4.246		1,321		390		65,978		
	32,000	_	(2911)		14,930						44,918		
8	230,457	8		8	19,175	5	1,578	8	270	8	255.840		
	Ap	3,000 137,340 127 38,330	April 1, 2003 Week  5 1, 45% S 3,009 197,349 127 58,339	Appl 1 2009 Wink in Program  5 1.674 S - 3.079 - 197.549 279 127 - 58.320 2.632 32,899 (2.914)	April 1, 2009 Whith is Progress A  S 1,679 - S  3,029  197,369 279  127  58,320 2,032  32,009 (2,941)	Opening Shakese	Commission   Com	Copening Relations	Cycoling Relations	Commission   Com	Commission   Com		

				A										
		ing Statesto d 1, 2008	Ca		An	-		Autoria medicad ma HDA Olan B		ring Statement ach 31, 2009	Net Burth Value 2000		Net	Street, Vision 2008
Leed	8		\$		3	*	5		8		8	LAH	\$	1,674
Load Improvements		2,907		105		*				2,412		627		752
Baltings and Improvements		66,995		3,152						70,727		66,500		70,373
Seaschold Improvement		57		25				140		222		363		70
Floridate and copinson		29,941		8.097		3730		900		37,459		28,320		29,309
Contraction and technology														
perfects in progress									_		_	44,918	_	32,809
	8	98,400	3	11,099	5	370	8	1,000	8	111.019	8	140,821	8	135,097

# Capital assets were funded from the following sources:

		2009		
Externally funded (unamortized external				
capital contributions)	\$	131,410	\$	123,005
Internally funded (invested in capital assets)		11,411		12,052
	5	142,821	\$	135,057

# Note 5 Other Assets

Other assets include the accrued pension benefit relating to the Supplementary Retirement Plan which is fully funded.

# Note 6 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

		2009	-	2008
Current				
Alberta Health and Wellness:				
EMS Transition	5	33,312	\$	~
Alberta Health Services Transition (Note 19)		13,804		~
Acute Care Pressure Relief		7,200		
Mental Health Grants		6,285		2,340
Syphillis Prevention Response		2,000		-
Life Skills Training		898		-
Hip&Knee Replacement Continuum		616		213
Clinical Telehealth		602		-
Continuing Care - Case Management		459		303
Healthy Weights		429		363
Cardiac Access Collaborative		354		324
Pandemic Influenza Supplies		331		579
Health Care Aide Training		329		-
Continuing Care - Clinical Specialists		319		-
Privacy & Security 2005		242		242
Primary Pediatric Model		203		143
Specialists on call program		78		683
Immunization Strategy		58		217
Rural on call program		27		18
Continuing Care - Implement Standards				33
Various projects <\$200,000 each		458		886
Other contributors:				
Primary Care Initiatives		1,369		1,349
Stroke Strategy		622		998
ACB Screening		37		300
Various projects <\$200,000 each		478		121
• • • • • • • • • • • • • • • • • • • •		70,510		9,112
Non-Current				
Alberta Department of Seniors and Community Supports:				
Healthy aging partnership initiatives (HAPI)		230		220
Total	\$	70,740	5	9,332

# Note 7 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

	2009	2008
Equipment replacement	\$ 277	\$ 4,879
Information technology projects	715	267
Building systems upgrade initiative	1,418	1,342
Infrastructure maintenance program	6,591	2,307
Hand hygiene strategy	741	480
Reducing & avoiding injury initiative	1,077	1,100
New construction	88,480	7,337
	\$ 99,299	\$ 17,712

# Note 8 Long-Term Employee Benefits

# (a) Supplementary Retirement Plan

The Region has a supplementary defined benefit plan for certain management staff. There are no cash payments made to staff relating to this plan until their retirement. The plan's assets will be held in a trust pursuant to a Retirement Compensation Arrangement (as defined by the Income Tax Act). The plan is fully funded. Actuarial valuations are completed annually. The obligation and pension expense can vary with changes in actuarial assumptions used to estimate the obligation.

# Note 8 Long-Term Employee Benefits (continued)

		2009	_	2008
Accrued Benefit Obligation				
Accrued obligation, beginning of year	3	1.389	\$	1,142
Accrued obligation, HBA Services Nov 1, 2006	-	491		-,
Current service cost		164		71
Interest cost		79		63
Benefitz paid		(553)		
Actuarial (gain) loss		(184)		113
Accrued obligation, end of year	3	1,386	3	1,389
Reconciliation of funded status of accrued benefit asset				
Funded status of plan (deficit)	S	264	\$	(104)
Unamortized actuarial (gain) loss	-	(116)		291
Unrecognized initial obligation		248		638
Accreed benefit asset	S	396	3	825
Current service cost	s	164	s	71
Interest cost	-	79	-	63
Actual return on assets		(5)		(18)
Amortization of initial obligations		390		93
Amortization of acmarial (gain) loss in year		(184)		114
Difference between expected and actual return on assets		(34)		(13)
Difference between recognized and actual actuarial loss (gain) in year		294		(90)
Net Benefit Cost	\$	704	3	220
Significant actuarial assumptions are as follows				
Discount rate		6.20%		5.20%
Expected return on plan assets		3.10%		2.60%
Expected average remaining service life of employees		8 years		7 years
Salary scale increases per year		4.00%		4.00%

The above information is based on the annual actuarial valuation performed as of March 31 for each fiscal year.

# Plan assets (held by trustee)

Employer contributions

Fair value of assets - March 31 \$ 807 \$ 655

# Plan assets (held by Canada Revenue Agency)

Employer contributions paid as refundable taxes	843	630		
Total plan assets	\$ 1,650	3	1,285	
Funded status of plan - Surplus (deficit)	\$ 264	3	(104)	

# Note 8 Long-Term Employee Benefits (continued)

# (b) Pension Expense

The Region participates in the Local Authorities Pension Plan, which is a multi-employer defined benefit plan. Pension expense in these financial statements is equal to the Region's annual contributions payable of \$6,456 for the year ended March 31, 2009 (2008 \$5,379).

At December 31, 2008, the Local Authorities Pension Plan reported a deficiency of \$4,413,971 (2008 – deficiency of \$1,183,334).

# Note 9 Transfer of Provincial Health Authorities of Alberta operating as Health Boards of Alberta (HBA Services)

The Provincial Health Authority of Alberta (PHAA) operating as Health Boards of Alberta (HBA Services) was transferred to the Region on November 1, 2008. All assets and liabilities including all rights, obligations, commitments and contingencies were transferred to the Region at the carrying values.

As a result of the transfer not assets increased as follows:

	Assets	Li	abilities	57	umulated urplus/ deficit)	in	esiment capital egets	-	otal net
HBA Services November 1, 2008	\$ 4,572	\$	1,456	\$	2,628	s	488	s	3,116

# Note 10 Commitments and Contingencies

# (a) Commitments

- (i) The Region contracts on an ongoing basis with voluntary and private health service operators to provide health services (Note 16(f)). The Region has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.
- (ii) In order to manage its exposure to the volatility in the electrical industry, the Board has entered into a five year contract, expiring March 31, 2010, to purchase electrical energy at a fixed price of \$54.40 per MWh. Based on 2009 consumption, the annual costs for the year ending March 31, 2010 are expected to be \$1,425.

# Note 18 Commitments and Contingencies (continued)

(iii) The Region is committed to operating lease payments in future years as follows:

2010	\$ 882
2011	530
2012	253
2013	79
2014 and after	68
	\$ 1,812

The leases expire at various dates from 2009 to 2015.

(iv) Alberta Hoalth Services will take over the delivery of Emergency Medical Services (EMS) for the entire province on April, 1, 2009. While some services will be merged into operations, Alberta Health Services is contracting for delivery of EMS in many communities in the province and has signed contracts with total commitments over the next two years:

2010	\$ 208,32
2011	98,666

 The Region is committed to the following construction and technology projects currently in progress and which will be satisfied from externally funded grants:

Central Sterilization Renovation Projects Ambulance Bay - Provost	358 166
Central Sterilization Renovation Projects	358
Viking Acute Care Expansion Project	674
Vermilion Long Term Care Project	201
Lloydminster Continuing Care Project	\$ 1,751

# Note 10 Commitments and Contingencies (continued)

# (b) Contingencies

The Region has a contingent liability in respect of a claim concerning increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filed against the Province of Alberta and the Regional Health Authorities. The total amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied. The outcome of the claim is not determinable, and no liability is recorded at this time.

The Region has a contingent liability in respect of claims relating to the failure of St. Joseph's Hospital to provide adequate infection control and safety measures to prevent contamination of medical equipment. The total amount of these claims is in excess of \$40 million. The outcome of the claims is not determinable, and no liability is recorded at this time.

In the ordinary course of operations, various other claims and lawsuits are brought against the Region. While it is not possible to estimate the ultimate liability with respect to the pending litigation, the Region believes there will be no material adverse effect on the financial position of the Region.

## Note 11 Budget

The budget was approved by Senior Management and submitted to the Minister of Health and Wellness in early fiscal 2008-2009.

Over the course of the fiscal year, the Minister provided additional funding of \$10,000. The Board has allocated these additional resources to address funding expectations.

# Note 12 Alberta Health and Wellness Contributions

	2009	2008			
Unrestricted contributions	\$ 235,552	\$	208,973		
Other one time grants	-		1,500		
Transfer from deferred contributions - transition grant (Note 19)	66,196		-		
Transfer from deferred contributions - other	13,029		8,992		
Transfer from deferred capital contributions	8,191		3,042		
	\$ 322,968	\$	222,507		

# Note 13 Other Government Contributions

Alberta Government: Fair value adjustments		2008		
Adderta Government:				
Fair value adjustments	3	1,473	5	1,367
Transfers from deferred contributions		1,608		686
	\$	3.081	5	2.053

# Note 14 Ancillary Operations

	_			200	9				_	20	90	
	Re			Henci penses		rianica pense	Re	cess of venue over penses	Re	veline	Res	ress of venue iver
Non-patient food services	3	565	3	5.99	5	6	8		\$	673	8	(2)
Rental operations		29		16				13		39		26
Other		50		47				3		59		27
		644		622		6		16		771		51
Amortized external capital contributions		1		-				1	_	1		1
Total	3	645	3	622	3	6	3	17	3	772	3	52

Ancillary expenses are reported in support services in the Statement of Operations.

# Note 15 Investment and Other Income

		2008		
Investment income	3	197	5	262
Unrealized loss on investments		(1,146)		(8)
Workers Compensation rebates		323		680
Primary Care Networks		347		178
Other revenue		3,058		2,685
	\$	2,779	3	3,797

Investment income comprises interest, dividends, amortization of discount (premiums) and realized gains or losses on investments.

Other revenue comprises charges for laundry services to continuing care clients, services provided to others and various miscellaneous recoveries.

# Note 16 Related Parties

# (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints members of the Alberta Health Services Board. The Board is economically dependent on the Ministry of Health and Wellness since the viability of its on-going operations depends on contributions from the Ministry.

The Region had the following transactions with other health regions recorded on the Statement of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

		2009							2006					
	Reven	80	Expense	Receive	Ė.	Payeble	R	WEEK!	Espene	Race	ivable	Pag	yable	
Health Quality Council of Alberta		2	3	-				~	6				-	
Other Regional Health Authortics and Provincial														
Health Boards	45		55,911		6	52,665	_	708	1,518		431		152	
Total	3 %	100	\$ 55,914	\$ 5	6	\$ 52,665	3	708	\$ 1,534	\$	431	\$	152	

# (b) Regional Shared Health Information Program (RSHIP)

The seven non-metro health regions (Chinook Regional Health Authority, Palliser Health Region, David Thompson Regional Health Authority, East Central Health, Aspen Regional Health Authority, Peace Country Health and Northern Lights Health Region) have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative.

		2008		
Alberta Health and Wellness Funding	\$	624	\$	1,676
Region contribution		541		959
region venterouses	5	1,165	\$	2,635
Expensed	\$	593	\$	1,435
Capitalized	\$	572	\$	1,200

# Note 16 Related Parties (continued)

# (c) Primary Care Networks

The Authority's share of the following Primary Care Networks are included in the financial statements under the proportionate consolidation method.

Camrose Local Primary Care Initiative	Region's	50% sha	ue
	 2009	1	2008
Opening balance	\$ 1,300	\$	1,095
Contributions from Alberta Health and Wellness	244		321
Amounts recognized as revenue	(230)		(116)
Amounts deferred	\$ 1,314	\$	1,300
Provost - Consort Primary Cure Network	Region's 2		
Provost - Consort Primary Care Network  Opening balance	\$ Region's 2		re 2008
Opening balance	\$ 49		2008
Opening balance Contributions from Alberta Health and Wellness	\$ 2009 49 86		2008 66 45
•	\$ 49		2008

# Note 16 Related Parties (continued)

# (d) Foundations

The following controlled foundations are not consolidated in these financial statements:

# (1) Viking Health Foundation

The Viking Health Foundation was established under the authorization of the Minister of Health on June 27, 1997. Representation on its Board consists of 11 members appointed by the Authority. The Viking Health Foundation was created to solicit funds from the public in order to assist the Region in schieving its health goals for the residents of the Viking community.

		2007		
Assets Linbilities	\$	2,209 (49)	\$	2,205
Net assets	\$	2,160	\$	2,142
Revenue	3	223	5	598
Expenses		(193)		(178)
Excess of revenue over expenses	\$	30	\$	420

# (2) Tofield and Area Health Services Foundation

The Tofield and Area Health Services Foundation was established under the authorization of the Minister of Health on September 10, 2003. Representation on its Board consists of 7 members appointed by the Authority. The Tofield and Area Health Services Foundation was created to solicit funds from the public in order to assist the Authority in achieving its health goals for the residents of the Tofield community.

	2	800	2007		
Asacts	5	17	\$	31	
Liabilities					
Net assets	\$	17	\$	31	
Revenue	3	28	\$	15	
Expenses		(44)		(9)	
Excess (deficiency) of revenue over expenses	\$	(16)	\$	6	

The resources of the foundation amounting to \$17 (2007 - \$31) have been restricted by donors for the exclusive use of the Tofield community.

# Note 16 Related Parties (continued)

	Contributions received by Health Region				Resources held by the Foundation				
	Year ended March 31,			at March 31, 2008					
	2	009	2	006		ernally tricted	Unr	estricted	
Viking Health Foundation	\$	31	\$	56	3	-	5	2,160	
Tolieki and Area Health Services Foundation		-		42		17			
Net assets	\$	31	\$	98	\$	17	\$	2,160	

#### (e) Other Foundations

The Region has an economic interest in the Daysland General Hospital Poundation and the Wainwright & District Community Health Foundation.

The Region is permitted to appoint one representative to the Board of Directors of each foundation. These foundations were established to solicit funds from the public in order to assist the Region in achieving its health goals for the residents of each community.

# (f) Contracts with Health Service Providers

The Region has an economic interest through its contracts with voluntary and private health service providers in the region. Punding was provided as follows:

			200	19	2008						
		Health Service Providers	Private Health Service Providers	Total	Voluntary Health Service Providers		Private Health Service Providers			Total	
Direct Region funding Pers and charges	\$	97,243 10,275	\$ 14,255 1,022	\$ 111,498 11,297	\$	86,658 9,493	\$	12,056	\$	98,714 10,422	
Pull cost adjustments		828	-	828		828				828	
Total	3	108,346	\$ 15,277	\$ 123,623	\$	96,979	3	12,985	3	109,964	

# Note 17 Trust Funds

The Region is providing fiscal management of funds received in trust from Alberta Health and Wellness for the Building Health System Leadership Capacity project, the Alzheimer's Dementia project, Camrose Local Primary Care Initiative and the Provost – Consort Primary Care Network. These amounts are not reported in the statements.

During the year the Region received \$1,977 and disbursed \$4,737. The balance of funds held by the Region is \$1,370.

### Note 18 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness issued Ministerial Order #50/2008 to restructure the governance model of health services delivery in Alberta.

Accordingly, effective April 1, 2009, Aspen Regional Health Authority, Calgary Health Region, Capital Health, Chinook Regional Health Authority, David Thompson Regional Health Authority, Northern Lights Health Region, Paliser Health Region, and Peace Country Health will be disestablished along with the Alberta Cancer Board, Alberta Mental Health Board, and Alberta Alcohol and Drug Abuse Commission.

The boundary of East Central Health was expanded to cover the entire the province of Alberts, with the name being changed to the "Alberts Health Region", which will operate as Alberts Health Services. All assets and liabilities including obligations, commitments and contingencies of the disestablished regions and the other entities referred to above, will be transferred to the Alberts Health Region on April 1, 2009.

The assets, liabilities and net essets that will be transferred to Alberta Hoshih Services on April 1, 2009 are reported on Schedule 4.

# Note 19 Transition and Restructuring Expenses

The Region received \$80 million in funding from Alberta Health and Wellness for the costs of transitioning to AHS. These costs consist of severance costs and termination benefits, professional services, consulting costs, transferring employees to LAPP, anfunded supplemental executive retirement plan obligations and payments and other applicable transition expenses.

The costs incurred by the other entities are recorded in their financial statements with offsetting revenue and receivables from the Region. As the recipient of the grant, the Region has recognized contributions from Alberta Health and Wellness (Note 12) and transition costs in the Statement of Operations. In the Schedule of Expense by Object (Schedule 1), the Region's transition and restructuring costs are included in salaries and benefits and are not included in transition expenses. The Region has recorded a payable to the other entities for the transition costs incurred by them as described below:

	Sev	егиесе	Oth	-	10.0000	nount remed	Unfa		Capita	Capitalized		Total
Alberta Cascar												
Board	\$	2,194	5	-	\$	2,194	5	-	3		3	2,194
Alberta Montal												
Health Board		988		301		1,289		341				1,630
Alberta Alcohol and												
Drug Abuse												
Commission		-		181		181		-		-		181
Aspes Regional												
Health Authority		*		55		55		-		-		55
Calgary Health												
Region		6,619	- 1	,067		7,686	12	,929		1,258		24,873
Capital Health		5,606		554		6,160	6	844				13,004
Chinook Regional												
Health Authority		523		164		687		957				1,644
David Thompson												
Health Region		2,707				2,707		-		-		2,707
Northern Lights												
Health Region		573		35		608		-				608
Palliser Health												
Region		1,056		~		1,056		-		-		1,056
Peace Country												
Health		683		84		767		306		-		1,073
		20,949	- 1	(441		23,390	21	377		1,258		49,025
Bast Central Health		1,639	15	,532		17,171						17,171
	\$ 2	12,588	\$ 17	,973	- 3	40,561	\$ 21	377	5	1,258		65,196
Balance included defer	med co	petribution	s (Note t	5)								13,804
Total grunt received												\$ 80,000

# Note 19 Transition and Restructuring Expenses (continued)

As at March 31, 2009, the Region's transition and restructuring expenses related to the transition to AHS as described above are as follows:

	Ser R	Other	 Total	
Liability as at March 31, 2008	5	-	\$ -	\$ -
Amounts Expensed		1,639	15,532	17,171
Payments made during the year		(316)	(8,532)	(8,848)
Liability as at March 31, 2009	3	1,323	7,000	\$ 8,323

The Region has recorded an expense of \$1.3 million for Alberta Alcohol and Drug Abuse Commission and \$5.7 million for Alberta Cancer Board related to the transfer of employees from the Public Service Pension Plan to the Local Authorities Pension Plan effective April 1, 2009. This expense is included in other charges above. This estimate was actuarially determined based on pension information at December 31, 2007 that was updated for salary increases and pensionable service until April 1, 2009.

# Note 20 Accumulated Deficit

The Region has reported an accumulated deficit at March 31, 2009. Per Alberta Regulation 15/95 of the Regional Health Authorities Act, Alberta Health Services must provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the net accumulated deficit of all regions within three years of it being incurred.

# Note 21 Comparative Figures

Certain 2008 figures have been reclassified to match their 2009 presentation.

# Note 22 Approval of financial statements

These financial statements have been approved by the Alberta Health Services Board.

# Schedgle 1

# EAST CENTRAL HEALTH

# SCHEDULE OF EXPENSES BY OBJECT

# FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

	E	indget		2009	_	2008
Salaries and benefits (Schedule 2)	s	109,835	\$	125,554	s	99,314
Contracts with health service providers (Note 16(f))		113,937		123,623		109,964
Drugs and gases		1,658		1,768		1,675
Medical and surgical supplies		1,528		2,066		1,964
Other contracted services		8,008		19,488		8,120
Other (1)		35,047		36,223		28,354
Amortization:						
Capital equipment - internally funded		2,963		3,287		2,916
Capital equipment - externally funded		4,118		4,751		4,119
Pacilities and improvements - internally funded		-		57		47
Pacilities and improvements -externally funded		3,846		3,804		3,846
Loss (Gain) on sale of equipment Transition expenses incurred by other Health Regions and	9	-		(5)		18
Provincial Health Boards (Note 19)		-		49,025		
	5 2	280,940	5	369,641	\$	260,337
(1) Other:						
Utilities	\$	3,440	\$	3,195	S	2,950
Buildings and ground maintenance		8,796		4,585		2,796
Staff travel costs		2,948		3,125		2,728
Patient transportation		2,137		1,927		1,916
Food supplies		1,923		2,119		1,824
Minor equipment		1,761		1,255		1,743
Insurance		595		542		544
Other		13,447		19,475		13,853
Total	\$	35,047	\$	36,223	\$	28,354

## EAST CENTRAL HEALTH SCHEDULE OF SALARIES AND BENEFITS MARCH 31, 2009

(in thousands)

				2009					20	80
						Sev	erance (5)			
	Number of FTE's (1)	Base Salary (2)	Other Cash Benefits (3)	Other Non- Cash Benefits (4)	Sub-total	Number of Individuals	Amount	Total	Number of FTE's (1)	Total
Board Chair (*)										
K.Hughes - AHS	0.88	-	\$ 77	\$ -	\$ 77	-	\$ -	\$ 77	-	\$ -
E. Andersen	-	-	-	-	-	-	-	-	0.13	13
Board Members (a)										
J. Ady -AHS	0.88	-	49	-	49	-	_	49	-	_
L. Andreachuk -AHS	0.33	-	20	-	20	-	-	20	-	-
G. Bontje - AHS	0.33	-	22	-	22	-	-	22	-	-
T. Bougie - AHS	0.33	-	20	-	20	-	-	20	-	-
J. Clifford - AHS	0.33	-	23	-	23	-	-	23	-	-
P. Crevolin - AHS	0.21	-	10	-	10	-	-	10	-	
S. Crowfoot - AHS	0.33	-	22	_	22	-	-	22	-	-
T. Franceschini - AHS	0.33	-	20	-	20	-	-	20	-	~
L. Hohol - AHS	0.88	-	48	-	48	-	-	48	-	-
A. Laupacis -AHS	0.33	-	20	-	20	-	-	20	-	-
J. Lehners - AHS	0.88	-	49	-	49	-	-	49	-	-
I. Lewis - AHS	0.88	-	49	-	49	-	-	49	-	-
C. Roozen - AHS	0.63	-	27	-	27	-	-	27	-	-
D. Sieben - AHS	0.88	-	51	-	51	-	-	51	-	-
G. Winkel - AHS	0.33	-	_	-	-	-	-	-	-	~
M. Arnold		-	-	-	-	-	-	-	0.13	5
R. Crooker	-	-	-	-	-	-	-	-	0.13	4
P. Gulak	-	-	-	-	-	-	-	-	0.13	5
L. Heinemann	-	-	-	-	-	-	-	-	0.13	2
J. Hunter	-	-	-	-	-	-	-	-	0.13	3
R. Israelson		-	-	-	-	-	-	-	0.13	7
L. Johnson	-	-	-	-	-	-	-	-	0.13	2
C. Mastel	•	-	-	-		-	-	-	0.13	5
O. Olineck	-	-	-	-	-	-	-	-	0.13	8
J. Rudkowsky	-	-	-	-	-	-	-	-	0.13	6
M. Schreiber		-	-	-	-	-		-	0.13	4
Total Board Compensation	8.76	-	507	_	507	-	-	507	1.56	64

#### EAST CENTRAL HEALTH SCHEDULE OF SALARIES AND BENEFITS MARCH 31, 2009

(thousands of dollars)

				2009					20	08
						Sev	verance (5)			
	Number of FTE's (1)	Base Salary	Other Cash Benefits (3)	Other Non- Cash Benefits (4) (7)	Sub-total	Number of Individuals	Amount	Total	Number of FTE's (1)	Total
Board Direct Reports (b)										
President and Chief Executive Officer - AHS (c)	0.02	\$ 17	\$ 94	\$ 5	\$ 116	-	\$ -	\$ 116	-	\$ -
Interim Chief Executive Officer - Contracted Service - AHS (4)	0.88	481			481	-	-	481		
Chief Executive Officer - Region (6) (8)	-	_	498	-	498	-	-	498	0.40	745
Official Administrator - Contracted Service - Region (6) (0)	0.30	119	-	-	119	_	-	119	0.60	263
CEO Direct Reports (1)										
Executive Operating Officer, Continuum of Care - AHS Interim Chief Operating Officer, Corporate Services -	0.79	363	42	133	538	1	1,323	1,861	-	-
Contracted Service- AHS (6) (e)	0.45	178	9	-	187	-	•	187	-	-
Special Assistant to the Chief Executive Officer, Corporate				4.00				24		
Services - Contracted Services - AHS	0.33	61	13	17	91	-	-	91	1.10	406
Vice President, Medical Services - Region	1.00	308	-	113	421	-	-	421	1.10	406
Vice President, Operations - Region (6)	1.00	172	-	52	224	-	-	224	1.00	210
Chief Financial Officer - Region	1.00	191	21	44	256	1	316	572	1.00	187
Chief Corporate Services Officer - Region	1.00	159	-	41	200	-	•	200	1.00	191
Director, Communications - Region	1.07	91		16	107		-	107	0.80	90
Total Board and Executive	16.60	2,140	1,184	421	3,745	2	1,639	5,384	7.46	2,156
Management reporting to CEO Reports	20.97	2,428	96	445	2,969	-	-	2,969	16.50	2,054
Other management	79.45	7,194	121	1,388	8,703	•	-	8,703	65.70	6,939
Restructuring costs to transfer employees to LAPP (#)	-	-	-	7,000	7,000	-	-	7,000	•	-
Regulated nurses not included above										
RN's, Reg. Psych. Nurses, Grad nurses	296.32	23,488	2,669	4,967	31,124	-	*	31,124	281.90	28,064
LPN's	133.89	7,148	764	1,388	9,300	-	-	9,300	128.20	7,640
Other health technical and professionals	239.59	16,764	990	3,226	20,980	-	-	20,980	222.70	17,990
Unregulated health service providers	410.92	11,976	1,567	2,369	15,912	-	-	15,912	370.90	12,666
Other staff	493.66	19,554	224	4,404	24,182		-	24,182	475.30	21,805
Total	1,691.40	\$ 90,692	\$ 7,615	\$ 25,608	\$ 123,915	2	\$ 1,639	\$ 125,554	1,568.66	\$ 99,314

# EAST CENTRAL HEALTH SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009

- (1) Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed: 2,338 (2008 2,288). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- (2) Base salary includes pensionable base pay.
- (3) Other cash benefits include bonuses, overtime, shift and responsibility premiums, lump sum payments and honoraria.
- (4) Other non-cash benefits include:
  - a. Employer's current and prior service cost of supplementary retirement plans per note (7) below.
  - b. Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans, professional membership and tuition.
  - c. Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay, financial planning services, retirement planning services, concessionary loans, travel allowances, car allowances, and club memberships.
- (5) Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- (6) Automobile provided. No dollar amount included in other non-cash benefits.
- (7) Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplementary retirement plan, executive officers may receive supplemental retirement payments. Retirement arrangements costs as detailed below are not cash payments in the period but are the period expense for rights to future compensation. Costs shown reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SERP provides future pension benefits to participants based on years of service and earnings.

#### EAST CENTRAL HEALTH

#### SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

- a) On May 15, 2008, the Region's board (which had already been replaced by two Official Administrators in July 2007), along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in these financial statements.
- b) Board Direct Reports for Region employees reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008. Included are the AHS Board Direct Reports whose costs are reflected in the accounts of the Region.
- c) The President and Chief Executive Officer AHS was appointed effective March 23, 2009. Other Cash Benefits includes reimbursement of relocation costs of \$44 and signing bonus of \$50. Costs incurred are reported in the accounts of the Region.
- d) The Interim Chief Executive Officer AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Costs incurred are reported in the accounts of the Region.
- e) On July 8, 2008 the Official Administrator for the Region was transferred to AHS as Chief Operating Officer Corporate Services.
- f) CEO Direct Reports for Region employees reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Included are AHS CEO Direct Reports whose costs are reflected in the accounts of the Region. All other AHS positions are disclosed in Schedule 3 and costs are reported in the respective Regions' records.
- g) The Region has recorded an expense of \$1.3 million for AADAC and \$5.7 million for ACB related to the transfer of employees from PSPP to LAPP effective April 1, 2009. This estimate was actuarially determined based on pension information at December 31, 2007 that was updated for salary increases and pensionable service until April 1, 2009.
- h) The previous Chief Executive Officer left the Region in July 2007, however the SRP lump sum was not paid out until April 2008.

#### EAST CENTRAL HEALTH

#### SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

#### (thousands of dollars)

#### Supplemental Executive Retirement Plan

			2	2009			2	2008						
	Se	arrent rvice Cost	S	Other ERP Costs	7	l'otal	7	[otal	Obl	enefit ligation 131, 2008	A	ange in ecrued enefit ligation	Ob	cerued Senefit ligation h 31, 2009
Chief Executive Officer - Region (4)	\$	-	\$	498	\$	498	\$	84	\$	579	\$	(579)	\$	-
Executive Operating Officer - AHS <sup>99</sup>		90		5		95		-		-		66		66
Vice President - Medical Services - Region		45		45		90		77		442		2		444
Vice President - Operations - Region		10		18		28		26		164		(18)		146
Chief Financial Officer - Region (4)		7		12		19		17		97		60		157
Chief Corporate Services Officer - Region		6		12		18		16		107		(4)		103
Other (c)		6		(50)		(44)		-		-		470		470
	\$	164	\$	540	\$	704	\$	220	\$	1,389	\$	(3)	\$	1,386

- (a) Receiving annual pension of \$10.3 indefinately
- (b) Paid lump sum of \$66.0 subsequent to March 31, 2009
- (c) Relates to former HBA Services employees who were merged with the Region on November 1, 2008
- (d) Paid lump sum of \$532.2

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

## FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

200			

							20	US						
										Severa	nce (e)			
	Number of FIE's (a)	Sal	ase lary	(	Other Cash pefits (c)	No.	her on- ash efits	Sul	btotal	Number of Individuals	Am	ount	7	<b>Cotal</b>
Board Chair (*)														
Ken Hughes	0.88	\$	-	\$	77	\$	-	\$	77	-	\$	-	\$	77
Board Members (e)														
Jack Ady	0.88		-		49		-		49	-		-		49
Pierre Crevolin	0.21		-		10		-		10	-		-		10
Catherine Roozen	0.63		-		27		-		27	-				27
Linda Hohol	0.88		-		48		-		48	-		-		48
John Lehners	0.88		-		49		-		49	-		-		49
Irene Lewis	0.88		-		49		-		49	-		**		49
Don Sieben	0.88		-		51		-		51	-		-		51
Lori Andreachuk	0.33		-		20		-		20	-		-		20
Gord Bontje	0.33		-		22		-		22	-		-		22
Teri Lynn Bougie	0.33		-		20		-		20	-		-		20
Jim Clifford	0.33		-		23		-		23	-		-		23
Strater Crowfoot	0.33		-		22		-		22	-		-		22
Tony Franceschini	0.33		•		20		-		20	-		-		20
Andreas Laupacis	0.33		-		20		-		20	-		-		20
Gord Winkel	0.33				-		-	_	-			-		-
	8.76	\$	-	\$	507	\$	-	\$	507	-	\$	-	\$	507

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

					2009			
						Sever	ance (e)	
	Number of FTE's (a)	Base Salary (b)	Other Cash Benefits	Other Non- Cash Benefits	Subtotal	Number of Individuals	Amount	Total
Board Direct Reports								
President and Chief Executive Officer (f) Interim Chief Executive Officer – Contracted	0.02	\$ 17	\$ 94	\$ 5	\$ 116	-	\$ -	\$ 116
Service (k)	0.88	481	-	-	481	-	-	481
CEO Direct Reports								
Executive Operating Officer, Continuum of								
Care (1)	0.71	363	42	133	538	1	1,323	1,861
Chief Operating Officer, Performance								
Improvement and Clinical Support Services (i) (m)	1.00	335	-	55	390	-	-	390
Chief Operating Officer, Urban (n) (h)	1.00	316	140	203	659	-	-	659
Chief Operating Officer, Community and Rural (6)	1.00	385		332	717	-	-	717
Interim Chief Operating Officer, Health Strategies,								
Research and Design (p)	1.00	324	_	70	394	1	351	745
Interim Chief Financial Officer (q) (h)	1.00	314	140	618	1,072	1	782	1,854
Interim Chief Operating Officer, Corporate Services					-,			.,
- Contracted Service (i) (r)	0.45	178	9	-	187	-		187
Special Assistant to the Chief Executive Officer,								-
Corporate Services - Contracted Service (a)	0.33	61	13	17	91	-	_	91
Interim Chief Operating Officer, Change								
Management (h) (t)	1.00	269	63	44	376	1	602	978
Senior Physician Executive (a)	1.00	380	95	104	579	_	-	579
	9.39	3,423	596	1,581	5,600	4	3,058	8,658
Total Board and Executive	18.15	\$ 3,423	\$ 1,103	\$ 1,581	\$ 6,107	4	\$ 3,058	\$ 9,165

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

(thousands of dollars)

#### Supplemental Executive Retirement Plan

Other SERP		Accrued Benefit
Costs	Total	Obligation March 31, 2009
\$ 5	\$ 95	\$ 66
2	31	49
98	199	915
277	310	394
11	53	210
520	611	-
8	26	141
22	97	334
**	\$ 5 2 98 277 11 520 8	\$ 5 \$ 95 2 31 98 199 277 310 11 53 520 611 8 26

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

- a. Full-time equivalents (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed during the year was 12.
- b. Base salary includes pensionable base pay.
- c. Other cash benefits include honoraria, bonuses, overtime, vacation payouts and lump sum payments.
- d. Other non-cash benefits include:
  - Employer's current and prior service cost of supplementary retirement plans per (f) below.
  - Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country
    medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans.
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay.
- e. Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- f. Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executives may receive supplemental retirement payments. SERP costs are not cash payments in the period but are the period expense for rights to future compensation. SERP costs shown reflect the actuarially estimated cost to provide pension income over the post-employment period. SERP provides future pension benefits to participants based on years of service and earnings.

Current service cost is the actuarial present value of the benefit earned in the fiscal year. Other SERP costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service cost, interest accruing on the actuarial liability and the full amount of any actuarial gain or loss in the period.

- g. On May 15, 2008, the Alberta Health Services ('AHS') interim board was appointed. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Honorariums and benefits of the AHS board members are reported in the financial statements of East Central Health.
- h. These individuals are provided with an automobile allowance. Dollar amounts are included in other cash benefits (c) above.

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

- i. These individuals are provided with an automobile. Dollar amounts are not included in non-cash benefits (d) above.
- j. The President and CEO was appointed effective March 23, 2009. Other Cash Benefits includes reimbursement of relocation costs of \$44 and signing bonus of \$50. Costs incurred are reported in the accounts of East Central Health.
- k. The Interim CEO was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. The incumbent's contract was terminated effective March 20, 2009. Costs incurred are reported in the accounts of East Central Health.
- 1. This position was appointed effective July 8, 2008 and terminated effective March 20, 2009. Costs incurred are reported in the accounts of East Central Health.
- m. This position was appointed effective July 8, 2008. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Aspen Regional Health Authority.
- n. This position was appointed effective July 8, 2008. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Calgary Health Region.
- o. This position was appointed effective July 8, 2008. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Chinook Regional Health Authority.
- p. This position was appointed effective July 8, 2008 and terminated effective April 30, 2009. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Alberta Cancer Board.
- q. This position was appointed effective July 8, 2008, and terminated effective March 31, 2009. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Calgary Health Region.
- r. This position was appointed effective July 8, 2008, and terminated effective November 27, 2008. Costs incurred, and reflected from July 8, 2008 to November 27, 2008, are reported in the accounts of East Central Health.
- s. This position was appointed effective December 2, 2008. Costs incurred are reported in the accounts of East Central Health.
- t. This position was appointed effective January 22, 2009. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Calgary Health Region. The incumbent will be departing December 31, 2009.
- u. This position was appointed effective February 9, 2009. Costs incurred, and reflected for the entire fiscal 08-09 year, are reported in the accounts of Calgary Health Region.

#### CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS

#### FOR THE YEAR ENDED MARCH 31, 2009

 Based on future SERP compensation benefits described under (f) above, the following schedule outlines pension income received by individuals who departed within the 08-09 fiscal period:

Name	Pension Income (not in thousands)	Frequency	Term
Executive Operating Officer, Continuum of			
Care	\$ 66,010	Lump-Sum	One-Time
Interim Chief Financial Officer	1,186,758	Lump-Sum	One-Time

The Interim Chief Operating Officer, Health Strategies, Research and Design and Interim Chief Operating Officer, Change Management are eligible for SERP benefits, but have not yet elected their pension income arrangement.

# EAST CENTRAL HEALTH SCHEDULE OF ASSETS, LIABILITIES AND NET ASSETS TRANSFERRED TO ALBERTA HEALTH SERVICES MARCH 31, 2009 (thousands of dollars)

			Unrestricte	d net assets			
Alberta Alcohol and	Assets	Liabilities	Accumulated surplus/ (deficit)	Accumulated net unrealized gains/ (losses) on investments	Investment in capital assets	Endowments	Total net assets
Drug Abuse							
Commission	\$ 27,081	\$ 10,782	\$ 16,299	\$ -	s -	s -	\$ 16,299
Alberta Cancer Board	300,056	237,408	3,990	2,175	46,181	10,302	62,648
Alberta Mental Health							02,010
Board	120,029	111,674	10,482	(2,716)	589		8,355
Aspen Regional Health				(-,,,			0,555
Authority	254,729	245,703	(6,459)		15,485		9,026
Calgary Health Region	3,519,550	3,463,231	(218,886)	(2,736)	277,941		56,319
Capital Health	2,944,195	2,836,705	(102,671)	(14,460)	224,621		107,490
Chinook Regional Health				,			101,150
Authority	314,922	319,481	(23,042)		18,333	150	(4,559)
David Thompson Health							(,,,,,,
Region	589,872	581,375	(25,492)	_	33,989		8,497
East Central Health	392,442	392,275	(11,244)	_	11,411		167
Northern Lights Health							107
Region	206,786	156,598	29,703	(1)	20,486		50,188
Palliser Health Region	131,737	117,425	5,942	-	8,370		14,312
Peace Country Health	255,883	263,464	(21,440)		13,859		(7,581)
	\$ 9,057,282	\$ 8,736,121	\$ (342,818)	\$ (17,738)	\$ 671,265	\$ 10,452	\$ 321,161

# CAPITAL HEALTH CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2009

Capital Health

Consolidated Financial Statements

March 31, 2009

Management's Responsibility for Pinancial Reporting

Auditor's Report

Consolidated Statement of Pinancial Position

Consolidated Statement of Operations

Consolidated Statement of Changes in Net Assets

Consolidated Statement of Cash Plows

Notes to the Consolidated Financial Statements

Schedule 1 - Consolidated Schedule of Expenses by Object

Schedule 2 - Consolidated Schedule of Salaries and Benefits

#### CAPITAL HEALTH

#### MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

#### MARCH 31, 2009

#### CONSOLIDATED FINANCIAL STATEMENTS

The accompanying consolidated financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The consolidated financial statements were prepared in accordance with Canadian generally accepted accounting principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The region members carry out their responsibility for the consolidated financial statements through the Audit and Finance Committee. This Committee meets with management and the Office of the Auditor General of Alberta to review financial matters, and recommends the consolidated financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Office of the Auditor General of Alberta has free access to the Audit and Finance Committee.

The Office of the Auditor General of Alberta provides an independent audit of the consolidated financial statements. His examination is conducted in accordance with Causdian generally accepted auditing standards and includes tests and procedures, which allow him to report on the fairness of the consolidated financial statements prepared by management.

[Original signed]

[Original signed]

Dr. Stephen Duckett President and CEO - AHS Chris Mazurkewich
Executive Vice President & Chief Pinancial Officer

AHS

[Original signed]

Colleen Purdy

Acting Chief Financial Officer



#### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the consolidated statement of financial position of Capital Health (the Authority) as at March 31, 2009 and the consolidated statements of operations, changes as net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn] FCA

Auditor General

Edmonton, Alberta June 11, 2009

## CAPITAL HEALTH CONSOLIDATED STATISHENT OF PREANCIAL POSITION MARCH 31.2000 (throught of delian)

ASSETS	_	2009	_	2008
Carrent coents:				
Carth, crash aquivalents and Investments (Note 3) Accounts receivable:	\$	310,122	8	295,868
Contributions receivable from Alberta Health and Wellson		10,573		66,735
Other receivables		80,104		B2,488
Inventories		28,414		20,081
Propoid represes		19,977		105,975
		449,190		571,147
Contributions storivebie		43,875		163,563
Lonar - long-term care partnanthip projects (Note 4 (a))		41,942		43,597
Non-correct cash and investments (Note 3)		674,255		679,721
Copital salets (Note 5)		1,734,933		1,450,120
TOTAL ASSETS	3	2,944,195	3	2,908,148
LIABILITIES AND NET ASSETS				
Current Medititities:				
Accounts payable and account liabilities	3	325,134	8	256,814
Accreed vacation pay Deferred operating contributions (Note 6)		110,632		98,777
Owner operating contributions (700e 6)		130,535		173,436
		566,321		529,027
Defetyed operating contributions (Note 6)		2,767		3,736
Deferred capital contributions (Note: 7) Deferred contributions - long-term care		703,915		828,553
contractable avalacts (Note 4 (b))		43,462		45,136
Attent restrement obligation (Floto 5 (c))		9,928		9,456
Life Jesse deposits (Note 8)		13,625		12,862
		773,697		899,743
Unusurfied minual capital contributions		1,496,687		1,262,275
Hot neartic				
Unrestricted deficiency		(102,671)		(21,923)
Commissive out currealisted (loanes//galise on investments intermally restricted frame		(14,460)		6,937
Accumulated (deficit) surplus (Hote 9)		*		57,086
Investment to capital souts Accumumate (occurry) saying (reces 9)		(117,131)		42,120
a copie and		724,621 107,490		217,103
TOTAL LIABILITIES AND NET ASSETS	5	2,944,195	3	2,900,148
Conscituents and contingencies (Non-10) The accompanying notes and schedules are part of these consolidated financies.			-	

## CAPITAL HEALTH CONSOLIDATED STATISHENT OF OPERATIONS FOR THE YEAR INDEX MARCH 31, 2006 (thousands of delian)

		900	2008
	Budget	Actual	Actmi
Remone	(Hote 11)		
Alburn Health and Wallness contribudens (None 12)	\$ 2,636,076	5 2.784.832	
Other government contributions (Note 13)	3 2,836,076		8 2,446,151
Pres and charans	197,800	77,879	53,813
Aucillary operations (None 14)		200,207	189,032
Remarch and education	44,800	51,290	49,325
Investment and other income (Note: 15)	35,900	29,684	37,728
Americanica of external capital contributions	108,100	103,843	100,188
Action requires on designate colours contributed by	94,000	113,113	86,753
TOTAL REVENUE	3,159,200	3,360,848	2,963,010
Expense (Schednis 1)			
Impedient acuse care pervious	807.885	958.017	824,364
Firmingency and outputient services	390.858	406.501	364,898
Pacifity-based continuing cure services	309.942	271,330	266,956
Community-linead care	149.811	161,558	110,430
Home care	106.133	120,477	94,866
Diagnostic and therapeutic services	617,049	651,581	570,757
Protection, prevention and protection services	79,430	87,306	74,015
Remarch and edepation	133.150	104.001	100,380
Administration	80,899	91,544	77,062
Information technology	\$3,557	90,151	49,952
Support services	427,986	469,124	412,299
Amerization of facilities and improvements	32,000	38,355	35,535
TOTAL EXPENSES	3,257,600	3,449,947	2,981,512
Deficiently of streets over expenses	3 (98,400)	\$ (99,099)	\$ (18,502)

The incompanying noise and substities are part of these committeed fluoretal statements.

## CAPITAL HEALTH CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

2009 2008 Cumulative Net Unrealized Internally Investment in Capital Unrestricted Gains (Losses) Restricted Accumulated Surplus (Deficit) Total (Deficiency) Punds Assets Total on Investments Balance at beginning of year 57,086 42,120 \$ 174,983 217,103 235,392 (21,923)6,957 Deficiency of revenue over expenses (89,099)(89,099)(89,099)Net transfers of internally restricted funds 57,086 (57,086)(18,502)(89,773) 89,773 Capital assets purchased with internal funds (89,773)40,047 (40,047)Amortization of internally funded capital assets 40,047 903 10,434 Contribution of land 903 228 228 (228)Capital asset write off Cumulative net unrealized galas/(losses) on investments Unrealized loss on available for sale financial (19,418)(10,349)assets arising during the year (19,418)(19,418)Reclassification adjustment for losses included (1,999)128 (1,999)in deficiency of revenue over expenses (1,999)760 (760)Amortization of discount on life lease liability 760 (3) Life lense deposits/(repayments) \$ (117,131) \$ 224,621 \$ 107,490 217,103 \$ (102,671) (14,460) Balance at end of year

The accompanying notes and schedules are part of these consolidated financial statements.

### CAPITAL HEALTH CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2009 (thousand of dollar)

		2	200			2008
		Budget		Actual		Actual
	0	Note 11)				
Operating activities:						
Deficiency of revenue over repumers	5	(98,400)	\$	(89,099)	\$	(18,502)
Non-curb transactions:		-				
Americation (Schedule 1)		126,000		129,431		103,496
Loss on disposal of capital severa		-		10,365		10,632
Write-off of capital assets				13,810		
Amortization of external capital contributions		(94,000)		(113,331)		(86,900)
Assertization of discount on life leuse deposits		550		760		549
Assertization of long-term care pertocable non-current loan (Note 4)		1,701		1.655		1,701
Associantion of long-term care partnersists						
distarred contributions (Non 4)		(1,701)		(1,655)		(1.701)
Asset reckrement obligation		450		472		449
Amortization of hand discount		290		256		757
(Chin) More on dignosal of leventments		(130)		1,999		(128)
Change in non-cash working capital accounts		(18,748)	_	173,505	_	44,104
Cash (meet by) government from operations		(83,998)		128,168		54,657
Investing activities:						
Purchase of lewestures		(160,000)		(125,946)		(157,486)
Purchase of capital sausis:						
Intermity funded - equipment		(139,100)		(66,094)		(21,739)
Internally funded - facility and improvements		(42,200)		(23,739)		(21,837)
Externally funded - equipment		(31,000)		(\$7,317)		(59,177)
Extremelly funded - facility and largerovements		(238,000)		(261,329)		(167,122)
Proceeds on sale of investments		160,000		120,684		157,433
Net useralized gela/(loss) on investments		5,130		(21,417)		6,957
Long-term care pertnership projects (Note 4)						(640)
Allocations (from) to non-current resh and investments		(31,360)		8,473	_	(210,762)
Cash need for levesting activities		(476,530)		(456,625)	_	(514,373)
Financing activities:						
Deferred contributions		200		(969)		218
Capital contributions		300,000		224,450		486,187
Transfer for seast retirement obligation		-		(472)		(449)
Long-turns care purtnership projects (Note 4)				(19)		9
Change in contributions socivable				119,688		(9,289)
Life ioue disposits received		160	-	3		619
Couls generated from financing activities		300,360	_	340,711	_	477,295
Net (decrease) facrouse in cash, each oppiredness and lovestments		(360,168)		14,254		17,579
Cash, cash equivalents and inventments, beginning of your		295,868		295,868	_	278,289
Clash, cash equivalents and investments, and of year	3	35,700	5	310,122	5	295,868

The accompanying notes and achedules are part of these cosmolidated financial statements.

## CAPITAL HEALTH NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2009

#### Note 1 Authority, Purpose and Operations

Capital Health was established on June 24, 1994 under the authority of the Alberta Regional Health Authorities Act, Chapter R-10, Revised Statutes of Alberta 2000. On May 26, 2003 under the Ministerial Order, the Health Authority was assured Capital Health. Capital Health is exempt from payment of income tax and is a registered charity under the Income Tax Act. Effective April 1, 2009, Capital Health will be diseastablished and all assets and liabilities will be transferred to Alberta Health Services ("AHS") (Note 20).

Capital Health's mandate is to deliver appropriate, accessible and affordable health services in Alberta. This responsibility includes operating programs designed to promote, protect, maintain, restore and enhance physical and mental well being.

Capital Health geographic boundaries include the cities of Edmonton, Fort Saskatchewan, Lednc, Sprace Grove and St. Albert; the communities of Devon, Stony Plain, Shewood Park, Evansburg, Morinville and Redwater; and the counties of Leduc, Parkland, Strafbouna, Sturgeon and the eastern part of Yellowhead county.

Capital Health operations include the following:

a) Acute Cure Hospitals, Community Hospitals and Health Centres

University of Alberta Hospital
University of Alberta Hospital
Stollery Children's Hospital
Royal Alexandra Hospital
Gleurous Rehabititation Hospital
Grey Nuns Community Hospital (operated by Covenant Health)
Missericordia Community Hospital (operated by Covenant Health)

Sturgson Community Hospital Leduc Community Hospital Devon General Hospital Alberta Hospital Edmonton Fort Saskatchewan Health Centre

Redwater Health Centre Westview Health Centre Evansburg Health Centre

#### Note 1 Authority, Purpose and Operations (continued)

- b) Innovative Primary Health Pacilities
  Northeast Community Bealth Centre
  Health First Strathcona Primary Care Centre
  Bastowood Primary Health Care Centre
- c) Continuing Care Pacilities

Capital Care Group Inc. (wholly owned subsidiary of Capital Health):
Dickinsfield, Grandview, Norwood, Lynawood, Kipness Centre for
Veterans, Strathcona Care Centre, McConnell Care
Centres, Laurier Housea, and Strathcona Alzheimer Care Centre
Aspen Housea
Bdiraonton General Hospital (operated by Covenant Heath)
Private and Voluntary Continuing Care Providers:
18 providers under contract operating at 34 sites
Supportive Living – Private and Voluntary Operators
33 designated assisted living sites
78 support homes

- d) Home Care contracts with 17 agencies, 41 seniors residences/lodges and 428 self managed care contracts with individuals/guardians
- e) Public Health Clinics 23 sites
- Public Health Speciality Clinics 5 sites, 4 school bealth sites and 8 student health initiative partnership sites
- Medical Education (residents) various facilities
- h) Research undertaken at Northern Alberta Clinical Trials Centre and various facilities
- Laboratory Services hospital based laboratory services, and services contracted from a private operator
- j) Provincial Laboratory at the University of Alberta Hospital site
- Community Rehabilitation Physiotherapy Clinics at 64 nites under contract and 4 public sites and 19 other contract rehabilitation service agreements (audiology, respiratory therapy, etc.)
- Ancillary Operations non-patient food services, parking, and other commercial activities

In meeting its responsibilities under the Regional Health Authorities Act, Capital Health contracts with the Covenant Health (formerly Caritas Health Group) to provide certain acute care services as an integral part of Capital Health operations.

These financial statements do not include the assets, liabilities and operations of any voluntary or private facilities providing health services in the region.

#### Note 2 Significant Accounting Policies and Reporting Practices

These consolidated financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the reporting requirements of Financial Directive 34 issued by Alberta Health and Wellness. Following are the alguificant accounting policies:

#### (a) Basis of Presentation

- (1) (i) These financial statements have been prepared on a consolidated basis, except that controlled foundations are not consolidated. The entities consolidated are Capital Health and its wholly owned subsidiaries, Capital Care Group Inc., Capital Health Tele-Ophthalmology Inc., and Edmonton Heart Systems Inc. (Note 16).
  - Capital Health uses the proportionate consolidation method to account for its 50% interest in the Northern Alberta Clinical Trials Centre joint venture with the University of Alberta.
  - (iii) Capital Health uses the proportionate consolidation method to account for its 50% interest in the following Primary Care Networks;

Edmonton Southside Primary Care Network Bdmonton Oliver Primary Care Network Westview Primary Care Network St. Albert and Sturgeon Primary Care Network Leduc Beaumont Devon Primary Care Network Bdmonton West Primary Care Network Edmonton North Primary Care Network Sherwood Park Primary Care Network

- (2) These consolidated financial statements have been prepared using the deferral method of accounting for contributions. The key elements of our revenue recognition policies are:
  - Unrestricted operating grants and other contributions are recognized as revenue in the year they become receivable.
  - (ii) Externally restricted non-capital contributions are deferred and recognized as revenue in the year the related expenses are incurred. Unspent contributions are recorded as deferred contributions.
  - (iii) Externally restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Amounts invested, representing externally funded capital assets, are then transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the periods in which the related amortization expense of the capital asset is recorded.

#### (a) Basis of Presentation (continued)

- (iv) Externally restricted contributions to purchase capital assets which will not be amortized are recorded as direct increases to net assets.
- (v) Investment income includes dividend and interest income, and realized gains or losses on the sale of investments. Unrealized gains and losses on available-for-sale investments are included directly in set assets or deferred contributions as appropriate, until the related investments are sold. Unrealized gains and losses on held-for-tracting investments are included in investment income and moognized as revenue, deferred or reported directly in net assets, depending on the nature of any external restrictions imposed on the investment income. Restricted investment income is deferred and recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.
- (vii) Revenue from sales of goods and services is recorded in the period that goods are delivered or services are provided.

#### (b) Capital Disclosure

Effective April 1, 2008, Capital Health Region adopted CICA Haudbook Section 1535, Capital Disclosures ("CICA 1535"). CICA 1535 requires disclosure of an entity's objectives, policies and processes for managing capital, quantitative data about the entity in regards to capital and whether the entity has compiled with any capital requirements and if it has not compiled, the consequences of such non-compliance.

For operating purposes, Capital Health defines capital as including working capital and accumulated surplus. For capital purposes, Capital Health defines capital as including deferred capital contributions, unamortized external capital contributions and investment in capital assets.

Capital Health's objective for managing capital is:

- In the short-term, to safeguard Capital Health's financial ability to continue to deliver health services; and
- In the long-term, to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of Capital Health's operating funds are from Alberta Health & Wellness, which is paid on the first of each month. As a result, significantly less working capital is required. Capital Health monitors its working capital and cash flow forecasts.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (b) Capital Disclosure (continued)

Alberta Health and Wellness approves health care facilities based on long term capital plans and provides the majority of the funding through one-time capital grants. Capital Health funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants.

When a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 9).

#### (c) Pull Cost

Capital Health accounts for all expenses and revenues related to services carried out for which it is responsible at fair value. Putr value transactions recorded consist of the following:

- (i) Revenue earned by contracted health service operators from Ministry of Health and Welliness designated free and charges are recorded as fees and charges of Capital Health. An equivalent amount is recorded as contracted health service operator expense of Capital Health.
- (ii) Payments from Alberta Health and Wellness directly to contracted health service operators for health programs are recorded as revenue. An equivalent amount is recorded as program expenses as these payments represent part of the cost of Capital Health's health programs.
- (iii) The fair value for use of acute care facilities not owned by Capital Health is recorded as revenue from other government contributions and as program expenses, since contract payments from Capital Health do not include an amount for use of these facilities.
- (iv) The fair value for use of non-acute care facilities not owned by Capital Health and provided to Capital Health at zero or nominal rent is recorded as other government contributions and as program expenses.
- (v) Other amets, supplies and service contributions that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers contribute a significant amount of time each year to sasist Capital Health in carrying cut its programs and services. However, contributed services of volunteers are not recognized as revenue and expenses in the financial statements because fair value cannot be reasonably determined.

#### (d) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(e). Capital Health records these investments on a settlement date basis and transaction costs associated with investment activities are capitalized and are included in the acquisition costs or reduce proceeds on disposal.

#### (e) Pinancial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depends upon the classification. Financial assets and financial liabilities classified as "held-for-trading" are measured at fair value with changes in those fair values recognized in the Cossolidated Statement of Operations. Financial assets classified as "available-for-sale" are measured at fair value with changes in fair values recognized in the Cossolidated Statement of Changes in Net Assets until realized, at which time the cumulative changes in fair value are recognized in the Cossolidated Statement of Operations. "Loans and receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest method.

Capital Health has classified its significant financial assets and financial liabilities as follows:

#### Pinancial Assets and Liabilities

# Cash and cash equivalents Investments Accounts receivable and occurribations receivable Accounts payable and accrued liabilities Accurated vacation pay

#### Classification

Held-for-trading Available-for-sale Loss and receivables Other financial liabilities Other financial liabilities

Capital Health does not use hedge accounting and accordingly, it is not impacted by the requirements of Section 3865, Hodges.

When it is determined that an impairment of a financial instrument classified as available-for-cale is other than temporary, the comulative loss that had been recognized directly in set assets or deferred contributions is removed and recognized in the Consolidated Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Consolidated Statement of Operations for a financial instrument classified as available-for-sale are not subsequently reversed.

The carrying values of current cash, accounts receivable, contributious receivable and accounts payable approximate their fair values due to the short-term nature of these items. It is management's opinion that Capital Health is not exposed to significant interest rate, currency or credit risks arising from its financial instruments.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (f) Employee Putnre Benefits

#### (i) Penaion Obligation

Capital Health and its eligible eraployees participate in the Local Authorities Pension Plan. This is a multi-employer defined benefit pension plan that provides pensions for participating employees, based on years of service and earnings. Defined contribution plan accounting is applied to this plan for which Capital Health has insufficient information to apply defined benefit plan accounting. Pension expense included in these financial statements comprises the amount of employer contributions required for its employees during the year, based on rates expected to provide benefits payable under the pension plan. Capital Health does not record its portion of the pension plan's deficit or surplus.

Capital Health has a supplementary defined benefit plan for certain management staff. Capital Health benefit obligations are actuarially determined using the projected benefit method prouted on services valuation that includes employee service to date and present compensation levels as well as a projection of salaries and service to retirement. No cash payments are made to staff relating to this plan truth their retirement. For each payments are made to staff relating to this plan are recognized as expense immediately. Past service costs are amortized over the average remaining service period of active employees – 5.8 years (2008 – 5.10 years).

Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The supplemental executive retirement benefit plan is unfuncted.

#### (ii) Other Puture Benefits

Capital Health provides its employees with basic life, accidental death and dismemberment, short term disability, long term disability, extended health, deutal and vision benefits through benefits carriers. Capital Health's contribution to the extent that they do not relate to discretionary reserves, are recorded as exponse.

Capital Health is obligated to pay out accumulated sick leave credits to certain employees employed prior to April 1, 1975 with five continuous years of permanent service. Those who terminate employment are emitted to collect pay in an amount equivalent to twenty-five percent (25%) of any unexpended sick leave credits.

#### (f) Employee Fature Benefits (continued)

#### (ii) Other Puture Benefits (continued)

Capital Health participates in a Supplementary Unemployment Benefit Plan (SUBP). This is a post-delivery disability benefit for female employees who meet certain qualification criteria. Qualifying employees are entitled to a top-up of their Employment Insurance Materiuity benefits to a percentage of their regular earnings and to a cost sharing of SUBP premiums during the post-delivery disability period.

Other benefit plans include employee and employer funded healthcare, dental, life insurance and long and short term disability plans.

Capital Health fully accrues its obligations for employee non-pension future benefits.

#### (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

Capital Health adopted this new standard as of April 1, 2006 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as moving average cost) and net realizable value.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (h) Capital Assets

Capital assets and capital projects in progress are recorded at cost. Capital assets with unit costs less than five thousand dollars are expensed.

Capital assets are amortized over their estimated useful lives on a straight-line basis as fullows:

Buildings 2.5% - 5%
Parking lots 5% - 10%
Land Improvements 10%
Furniture and equipment 5% - 20%
Equipment under capital lease 5% - 20%

Lease term plus one renewal period

Capital projects in progress include infrastructure and information systems projects.

Capital projects in progress are not amortized until the project is substantially complete.

Leases transferring substantially all of the beachts and risks of ownership of capital assets to Capital Health are reported as acquisitions of capital assets financed by long-term obligations.

#### (i) Asset Retirement Obligation

Capital Health recognizes the fair value of a future asset retirement obligation as a liability in the period in which it incurs a legal obligation associated with the retirement of tangible long-lived assets that results from the acquisition, construction, development, and/or normal use of the assets. Capital Health concurrently recognizes a corresponding increase in the carrying amount of the related long-lived asset that is amortized over the life of the asset. The fair value of the asset retirement obligation is estimated using the expected cash flow approach that reflects a range of possible outcomes discounted at a credit-adjusted risk-free interest rate. Subsequent to the initial measurement, the asset retirement obligation is adjusted at the end of each period to reflect the passage of time and changes in the estimated future cash flows underlying the obligation. Changes in the obligation due to the passage of time are recognized as an operating expense using the effective interest method. Changes in the obligation due to the passage of time are recognized as an operating expense using the effective interest method. Changes in the obligation due to the passage of time are recognized as an operating expense using the effective interest method. Changes in the obligation due to the passage of time are recognized as an adjustment of the carrying amount of the related long-lived easet that is amortized over the remaining life of the asset.

An asset retirement obligation related to the removal of bazardous material that would be required as part of a capital project is only recognized when there is approval from the Minister of Health and Wellness to proceed with the project.

#### (i) Trust Funds Received by Capital Health

Capital Health received trust funds from Alberta Health and Wellness that are to be paid to operators of non-owned facilities for capital purposes or facility repairs. In addition, Capital Health administers funds received in trust from Alberta Health and Wellness for specific projects. These amounts are not reflected in the financial statements.

#### (k) Measurement Uncertainty

The consolidated financial statements, by their nature, contain estimates and are subject to measurement uncertainty that affect the reported amounts of assets and liabilities, revenue and expenses at the date of the consolidated financial statements.

Significant estimates include the impact of employee future benefits, other than temporary impairment of investments, accruais for payroll, asset retirement obligations, life lease deposits, capital projects in progress and useful lives of assets. Actual results could differ from these estimates.

#### Note 3 Cash, Cash Equivalents and Investments

	2009			2008			
	Pair Market Value		Cost	Pe	ir Market Value		Cost
	•		(Posmed	a of o	ollars)		
Cash	\$ 787,998	\$	787,998	5	762,078	2	762,079
Money market securities	15,328	-	15,339	-	15,593	-	15,555
Bonds	131,077		131,606		137,595		134,966
Equities	49,974		63,894		60,323		56,032
Total	\$ 984,377	\$	998,837	3	975,589	\$	968,632
Clearified as:							
Current	\$ 310,122			3	295,868		
Non-current	674,255			_	679,721		
	\$ 984,377			3	975,589		

(a) Income and financial returns are exposed to credit and price riska. Credit risk relates to the possibility that a loss may occur when another party fails to perform according to the terms of the contract. Price risk comprises interest rate risk and market risk. Interest rate risk relates to the possibility that investments will change in value with foture fluctuations in market interest rates. Market risk relates to the possibility that investments will change in value due to future fluctuations in market prices.

To earn optimal financial returns at an acceptable level of risk, management has established an asset mix policy of 0 % to 100 % for fixed-income instruments and 0 % to 35 % for equities. Risk is reduced through asset class diversification, diversification within each asset class and quality constraints on fixed-income and equity instruments.

(b) Publicly traded fixed-income instruments are managed with the objective of providing optimal returns while maintaining maximum security of capital. Return is optimized within risk constraints on the portfolio by management of portfolio duration and issuer wit.

Fixed-income securities maturity dates range from April 2009 to December 2041. Bond yields to maturity range from 1.37% to 23.73% as at March 31, 2009 (2008 – 2.74 % to 7.64 %). The weighted average term to maturity is 9.3 years (2008 – 9.6 years).

Fixed-income securities, such as bonds, have an average effective yield of 4.60 % per amoun based on the market for securities maturing within a year, 3.50 % per amoun for securities maturing between 1 and 3 years, 3.50 % per amoun for securities maturing between 5 and 5 years, 5.60 % per smoun for securities maturing between 5 and 7 years, 4.90 % per amoun for securities maturing between 7 and 10 years and 4.80 % per amoun for securities maturing over 10 years.

#### Note 3 Cash, Cash Equivalents and Investments (continued)

#### (b) (continued)

As at March 31, 2009 the securities have the following term structure:

	2009	2008 %
Under 1 Year	11.9	-
1 to 5 years	34.8	39.4
5 to 10 years	31.8	30.7
Over 10 years	21.5	29.9
•	100.0	100.0
		THE RESERVE AND PARTY AND PERSONS ASSESSMENT AS A PARTY ASSESSMENT AS A PARTY ASSESSMENT AS A PARTY

- (c) Equities are comprised of publicly traded equities in Canadian and United States resident corporations.
- (d) Capital Health excludes from current cash funds that are subject to restrictions preventing its use for current purposes. Non current cash includes amounts restricted for commitments and other non current liabilities. Capital Health uses the matching concept where current cash is matched to current liabilities and son current cash to non current liabilities.

Non-current cash and investments held relate to the following:

	Thinks	2009 (thousand	la of day	2008
		(mounts)	a us don	mia)
Pends committed for long-term care pertuership projects (Note 4)	\$	43,462	8	45,136
Non-current loans - long-term care partnership projects (Note 4)		(41,942)		(43,597)
Deferred operating contributions (Note 6)		2,767		3,736
Deferred capital contributions (Note 7)		703,915		828,553
Contributions receivable		(43,875)		(163,563)
Asset retirement obligation (Note 5(c))	_	9,928	-	9,456
	8	674,255	5	679,721

#### Note 4 Long-term Care Partnership Projects

Capital Health uses the Porgivable Mortgage Model for reporting the receipt and advancement of funds for long-term care partnership projects. The Provincial Government supports partnerships between Capital Health and private, public or voluntary organizations by providing a one-time, up-front capital grant to Capital Health. These funds are recorded as eleferred contributions – long-term care partnership projects; except for funds used by Capital Care Group Inc. to construct the Strathcona Care Centre and Kipnes Centre for Veterans, which are accounted for as deferred capital contributions. Capital Health in turn provides a demand loan to the partner. The partner uses these funds towards the construction of the facility. The loan is forgivable over the useful life of the infrastructure. The loan is repayable on demand, is secured by the facility and is forgivable for services rendered by the owner over the life of the facility. Capital Health does not accrue interest on the loan as Capital Health will forgive the balance of the loan following the expiry of the initial thirty years of use and any extension strangement (not to exceed ten years).

Capital Health amortizes loans - long-term care partnership projects to facility-based continuing care services and recognizes an equal amount of revenue as other government contributions through the amortization of deferred contributions long-term care partnership projects.

(a	Loens	Long-term	CRES DAD	tnershin	projects

Louis - Long-term care parascrataly projects	_	2009 (thousand	2008 is of dollars)			
Balance, beginning of year	\$	43,597	\$	44,658		
Punds advanced for construction of facilities		-		640		
Amount recognized as facility-based continuing care services expense	_	(1,655)	_	(1,701)		
Balance, end of year	\$	41,942	3	43,597		

#### b) Deferred contributions - long-term care partnership projects

		2009		2008
		(thousand	a of dolls	urs)
Balance, beginning of year	\$	45,136	\$	46,828
Not interest (peid) carned		(19)		9
Amount recognized as other government contribution revenue (Note 13)		(1,655)		(1,701)
Balance, end of year	5	43,462	\$	45,136

#### Note 5 Capital Assets

	_		_		(1	hos	Cost sands of dol	iars.	)	_	_	
		Opening Balance pell 1, 2008	7	Work in Progress			Additions		Dispossis			Closing Balance rch 31, 2009
Buildings	8	1,256,018	1		_	3	225,203	3			5	1,481,221
Parking loss		69,548			-		15,456					85,004
Land and improvements		30,06							-			30,065
Persiture and equipment		695,597					152,602		(27,038)			821,161
Equipment under capital lease		9,532										9,532
Lesebold improvements		5,022					1,757		(360)			6,419
Projects in progress (1)		392,288					43,401		(13,810)			421,879
Integrible teact - Jesses	_	8,552	_			_		_		_	_	8,552
	3	2.466.622	3			5	438.419	\$	(41,200)	1		2.863.833

 Accum	mlated	Amortisation	
Otho	and,	of dollars)	

		Opening Balance pril I, 2008		erent year nortization		northation Disposals	м	Closing Balance arch 31, 2009	B	Net look Value 2009	B	Net look Value 2008
Buildings		461,567	\$	35,727	\$		8	497,294	3	983,927	\$	791,843
Parking lots		32,641		2,849				35,490		49,514		36,907
Land and improvements		4,055		3				4,058		26,007		26,010
Paralture and equipment		497,344		88,858		(16,728)		569,474		251,687		198,257
Equipment under capital Irane		9,532		-				9,532				
assembled improvements		4,365		567		(305)		4,627		1,792		3,265
Projects in progress (1)								-		421,879		392,286
Intropible reset - lenses	_	6,998	_	1,427				8,425	_	127		1,554
	3	1,016,502	8	129,431	8	(17,033)	8	1,128,900	\$	1,734,933	\$	1,450,120

<sup>&</sup>lt;sup>(0)</sup> Projects in progress include the Royal Alexandra Hospital redevelopment, University of Alberta Hospital operating rooms, Alberta Health Tastinic, other major capital apgrades and information technology projects under development.

#### (a) Land

Land at the following sites has been leased to Capital Health at nominal values:

Site	Leased From	Lesse Period
McConnell Place North Northeast Community Health Centre	City of Edmonton	Expires 2035 Expires 2048

#### Note 5 Capital Assets (continued)

#### (b) Capital assets have been funded from the following sources:

	2009		2008
	(thou	ands of six	(fars)
Externally funded (unamortized external capital contributions)	\$ 1,496,687	\$	1,262,275
Internally funded (investment in capita)			
Assets)	224,621		174,983
Financed through:			
Life lease deposits (Note 8)	13,625		12,862
	\$ 1,734,933	3	1,450,120

#### (c) Asset Retirement Obligation (amounts in thousands of dollars)

Capital Health has recorded a liability for asset retirement obligation of \$9,928 (2008 - \$9,456). The asset retirement obligation represents the legal obligation to remove assestos from four Capital Health buildings. Amortization of facilities and improvements includes amortization of \$2,104 (2008 - \$2,104) related to asset retirement obligation. Interest of \$472 (2008 - \$449) is recorded on the asset retirement obligation. Revenue equal to the amortization expense is recorded as amortization of expense contributions. Revenue equal to interest expense is recorded as other government contributions.

#### Note 6 Deferred Operating Contributions

The balance at the end of the year is restricted from the following sources:

	2009			2008
		(thousand	a of do	ien)
Current				
Alberta Health and Wellness	3	82,630	\$	120,568
Other government contributions		383		5,469
Donations		38,879		38,736
Other contributions	_	8,663		8,663
	_	130,555		173,436
Non-correst	_	2,767	_	3,736
	\$	133,322	\$	177,172

#### Note 7 Deferred Capital Contributions

The balance at the end of the year is sestricted for the following purposes:

Information systems	2009		2008	
Pacilities and improvements Information systems Equipment	(thousand	e of dollars)		
Pacilities and improvements	\$ 534,859	\$	599,084	
Information systems	116,016		142,351	
Equipment	 53,040		87,118	
	\$ 703,915	\$	828,553	

#### Note 8 Life Lease Deposits

Funding for the Laurier House facilities, a project for long-term case residents, is provided by the tenants with a non-interest bearing repayment deposit, for the right to occupy the unit they are leasing. When the life lease agreement is terminated, which may be by death of the tenant or the tenant moving out, the life lease deposit is returned to the tenant without interest and in accordance with the terms of the Life Lease Agreement. Capital Health has a liability for life lease deposits of \$13,625 (2008 - \$12,862) based on a discharge rate of 25% and a discount rate of 4%, representing the bank secured lending rate. The reported liability is based on estimates and assumptions with respect to events extending over a 4 year period using the best information available to management.

#### Note 9 Accumulated Surplies/(Deficit)

Capital Health's accumulated surplus/(deficit) comprises the following:

(thousands (102,671)	of dollar	
(102,671)		
		(21,923)
(14,460)		6,957
-		14,020
-		9,943
•		33,123
/117 131\		42,120
	:	:

In 2009, the Alberta Health Services Board has unrestricted all funds that were previously internally restricted.

Capital Health has reported an accumulated deficit at March 31, 2009. Per Alberta Regulation 1595 of the RHA Act, AHS will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to climinate the net accumulated deficit of all health regions combined, within three years of incurrence.

#### Note 10 Commitments and Contingencies

#### (a) Operating Leases

Capital Health is committed to operating lease payments in future years as follows:

		(thous	mets of dollars)
For the year ending Marsh 31			
	2010	8	14,162
	2011		13,444
	2012		11,162
	2013		7,503
	2014		2,176
	and thereafter	_	322
		\$	48,769

The lesses expire at various dates from 2010 to 2021.

#### (b) Capital Assets

Capital Health has the following outstanding contractual commitments for capital assets:

	2009			
	(thous	ents of dallers)		
Capital projects	3	742,683		
Information systems		3,668		
Equipment		36,563		
	3	782,914		

#### (c) Contracted Health Services

Capital Health contracts on an ongoing basis with voluntary, private and community health service operators to provide acute and continuing care and other health services in the Region. In addition Capital Health has ongoing contracts for laundry, laboratory, waste management, security and radiology services. Capital Health has contracted for services in the year ending March 31, 2009 similar to those provided by these operators in 2008:

#### Note 10 Commitments and Contingencies (continued)

#### (d) Contingencies

Capital Health has been samed as a defendant in a legal action in respect of increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filed against the Province of Alberta and the Regional Health Authorities. The amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied. The outcome of the claim is not determinable.

In the ordinary course of operations, various claims and Iswauits are brought against. Capital Health. While it is not possible to estimate the ultimate finibility with respect to the pending litigation, Capital Health believes there will be no material adverse effect on its financial position.

#### Note 11 Budget

The budget was prepared by namagement and accepted as information by the Capital Health Pinance Committee of the Board on April 29, 2008, and submitted to the Minister of Health and Wellness. Over the course of the fiscal year, the Minister provided additional funding of \$100 million. Management has allocated these additional resources to address funding requirements.

#### Note 12 Alberta Health and Wellness Contributions

	2009			2008
		(thousands	of dolla	ms)
Unrestricted funding	\$	2,596,599	\$	2,294,773
Transfers from deferred operating contributions		187,623		150,703
Alberta Health and Wellness payments to contract operators:				
Legacy Mortgage Assistance Program				
for norsing home apgrades		610	_	675
	\$	2,784,832	\$	2,446,151

#### Note 13 Other Government Contributions

	2009		2008
	(thousands	of dollars	)
Alberta Infrastructure and Transportation	\$ 1,127	3	1,119
Alberta Mental Health Board	37,932		30,655
Transition grants from Best Central Health	13,270		
School health initiatives	7,763		6,438
Pederal government projects	364		221
AADAC smoking connetion	904		794
Pair value of rest less rest charges for non- acute care facilities used by			
Capital Health			24
Pair value of use of non-owned acute care			
facilities	13,460		11,238
Amortization of long-term care partnership			
deferred contribution (Note 4)	1,655		1,701
Otter	 1,404		1,623
	\$ 77,879	\$	53,813

Note 14 Ancillary Operations

	_		2009 (thomsands of dollars)					2008				
				Direct		(thomauno	Eb	coss of			Rev	ccess of
	_	Evenue	B	rpentes.	E	xpense	B	tpenses	- 1	evenue	В	греняев
Parking operations Non-patient food services Sale of goods and services	3	16,569 15,867 13,395	\$	6,648 15,417 14,238	s	2,939 30 53	s	6,982 420 (896)	5	15,006 15,420 9,753 9,146	\$	7,308 1,225 191 2,893
Other	3	5,459	:	2,234 38,537	5	3,030	5	9,723	_	49,325	5	11,617

Ancillary expenses are reported in support services in the Consolidated Statement of Operations.

Note 15 Investment and Other Income

	_	2009		2008
		(thenwards	of dolla	m)
Investment income	s	13,931	5	28,870
Other contributions		50,496		36,821
Sales and recoveries		39,416		34,497
	\$	103,843	5	100,188

Investment income comprises interest, divideads, emortization of discount and premiuma, net realized gains and losses on disposal of investments, and other than temporary impairment loss on financial assets classified as available-for-sale, which amounted to \$1,136.

#### Note 16 Related Parties

#### (a) Province of Alberta

The Minister of Health and Wellness appoints the members of Alberta Health Services Board. Capital Health is economically dependent upon the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

#### (b) Health Regions and Other Related Parties

Capital Health shares a common relationship with other health regions through its relationship with the Province of Alberta. Transactions between Capital Health and other health regions are reported in the consolidated financial statements.

Capital Health had the following transactions with other health regions recorded in the Consolidated Statement of Pinancial Position and Consolidated Statement of Operations at the amounts agreed upon by the related parties:

	Receive	hle from	Payable to			
	2009	2008	2009	2008		
		(thousunds	of dollars)			
Ministry of Advanced Education	\$ -	\$ 830	\$ 6,364	\$ 6,136		
Other Ministries	3,666	473	22	116		
Health related boards	323	956	1,454	35		
Other health regions	13,960	980	278	1,320		
	\$ 17,949	\$ 3,239	\$ 8,118	\$ 7,607		

	Rev	enue	Expe	Expenses		
	2009	2008	2009	2008		
		(thosaurida	of dollars)			
Ministry of Advanced Education	\$ 5,531	\$ 10,125	\$ 46,585	\$ 54,380		
Other Ministries	5,099	5,916	768	792		
Health related boards	39,607	33,668	2,116	248		
Other health regions	19,580	13,433	12,636	4,330		
	\$ 69,817	\$ 63,142	\$ 62,105	\$ 59,750		

#### Note 16 Related Parties (continued)

#### (c) Primary Care Networks (thousands of dollars)

Capital Health's 50% interest in the Primary Care Networks are included in the consolidated financial statements using the proportionate consolidation method. Assets and liabilities of \$18,123 (2008 - \$16,130) and income and expenses of \$13,443 (2008 -\$10,317) have been included in the consolidated financial statements.

Contributions from Alberta Health and Weilness are as follows:

		2009		2008				
		(thouseds of dollars)						
Opening balance	S	15,184	5	11.011				
Contributions from Alberta Health and Wellness		12,655		12,370				
Amounts recognized as revenue		(11,038)		(8,197)				
Amounts deferred	\$	16,801	\$	15,184				

#### (d) Foundations

The following controlled foundations are not consolidated in these statements:

- Fort Saskatchewan Hospital Poundation
   Alberta Hospital Edmoston and Community Mental Health Poundation

Amounts hald by the Poundations are not significant.

#### Note 16 Related Parties (continued)

#### (e) Foundations (continued)

Capital Health has an economic interest in the following foundations:

		ontibetas	Racei	ived <sup>(1)</sup>	Recurrer Held by Foundations 2000					
	2009		2009 2008		Endowments & Exercistly Restricted (themsels of dellar		Internally Restricted		Ulu	restricted
University Hospital Foundation	5	4,010	\$	13,622	S	43,863	8	6,981	8	7.053
Royal Alexandra Hospital										
Prendetion		1,186		2,768		24,309		797		(2.210)
Stollery Children's Hospital										
Pompletion		1,563		2,818		6,922		15,868		-
Capital Care Poundation		587		640		1,089		180		351
Black Gold Health Poundmins		*		99		268				43
Olemose Foundation		468		255		1,193		1.576		538
Storgeon Community										
Hospital Poundation		133		239		940		(178)		321
Council of Poundations		*						*		
Tri Community Health & Wollness										
Ponedation						15		4		67
Devon Hospital Poundation		30		105		23		*		303
		7.977	*	20,486	3	78,642	5	25,228	3	5,46B

(1) Contributions comprise externally restricted amounts for equipment, programs, research and education.

#### Note 16 Related Perties (continued)

#### (e) Foundations (continued)

Amounts related to administrative support provided to foundations and the accounts receivable from (payable to) the formulations at year-end are as follows:

			intrative port		Accounts Receivable (Payable)				
	- 2	2009		9008	2	009		800	
				(thousan	ds of do	thers)			
University Hospital Poundation	3		3	-	8	213	\$	370	
Royal Alexandra Hospital Foundation				-				-	
Stollery Children's Flospital									
Poundation						-		7	
Capital Care Powelation		262		181		245			
Black Gold Health Poundation						9		7	
Glearose Poundation		-				122		230	
Stargeon Community Hospital									
Poundation		-				129		125	
Council of Foundations									
Tri Community Health & Wollness									
Pinnadacion (Storry Plain)		-				-			
Deven Hospital Foundation		-	-			-		51	
	3	262	8	181	8	718	\$	780	

#### (f) Other Volumnary Organizations

Capital Health has an economic interest in the following organizations affiliated with the hospitals:

		Contributio	nea Roczó	red		Reserve	ena Hield b	Organi		
		1009		800	Base	mante &	Tester Restr	-	Unces	ericted
			(thou	spends of de	offers)					
The Princes of University Heacited	8	96	8	151	8		8		2	
Royal Alaxandra Hospital	-		-		-					
Women's Antillary						~				-
Sturgeon Healthcara										
Auxiliary Volenteer Association				*		140				*
Olercos Rehabiliation Hospital										
Women's Auxillary				*		*		*		
Strony Phain and District Health										
Caute Autillary	_		-	13	-	-	_	-		
	\$	127	\$	164	\$	-	8		8	~

#### Note 17 Trust Funds (thousands of dollars)

Capital Health receives funds in trust from Alberta Health and Wellness for non-owned facilities for capital purposes and facility repairs. These amounts are not reported in the consolidated financial statements. During the year Capital Health received \$623 (2006 - \$10,085) and disbursed \$679 (2006 - \$9,201) for capital and facility repairs for non-owned facilities. The balance of funds held by Capital Health is \$1,003 (2008 - \$1,059).

Capital Health also receives trust funds from Alberta Health and Wellness for certain special programs that are not reported in the consolidated financial statements. The balance of funds held by Capital Health at the end of 2008/09, including interest where applicable, was \$215 (2008 - \$1,715).

#### Note 13 Employee Puttre Benefits (thousands of dollars)

#### (i) Pension Obligation

Capital Health participates in the Local Authorities Pension Plm (LAPP), which is a multi-employer defined benefit plats. The pensione expanse recorded in these financial statements is equivalent to Capital Health samual contributions payable. In the current fiscal year, employer contribution rates were 8.46% for carnings up to the Year's Maximum Pensionable Barnings (YMPE) and 11.66% for earnings above YMPE. The LAPP Board of Trustees cautions that depending on LAPP's return on investments over the next few years and other factors such as interest rates, rethernest rates and other demographic cost changes, further rate increases could be necessary. At December 31, 2008 LAPP reported a deficiency of \$4.413.971 (2008 - deficiency of \$1,183.334).

#### Note 18 Employee Future Benefits (amounts in thousands of dollars) (continued)

#### (ii) Supplemental Executive Retirement Plan

Capital Health has a non-contributory defined benefit supplemental executive retirement plan for certain management staff. There are no cash payments made to staff relating to this plan until their retirement. The plan is secured by a letter of credit from a financial institution. The plan's assets are held in a refundable tax account with the Canada Revenue Agency. An actuarial valuation of the accrued benefit obligation is completed at the end of each calendar year. The obligation and pension expense can vary with changes in actuarial assumptions used to estimate the obligation.

		2009		2008
		(thousands	of dollar	ra)
Accrued benefit obligation				
Accraed benefit obligation, beginning of year	\$	7,121	\$	5,719
Current service cost		414		450
Justicreat coat:		395		343
Prior service cost		-		431
Actuarial (gain) loss		(235)		305
Benefit payments		(701)	_	(127)
Accrued benefit obligation, end of year	3	6,994	3	7,121
Reconciliation of funded states of secreted benefit liability				
Plan deficit	\$	(6,844)	3	(7,017)
Unamortized prior service costs		596		789
Accrued liability	5	(6,248)	3	(6,228)
Current service costs		414		450
Interest cost		395		343
Amortization of pylor service costs		193		193
Amortization of net actuarial loss/(gain)		(235)		305
	5	767	3	1,291
Significant actuarial assumptions are as follows				
		2009	_	2008
Discount rate		7.00%		5.50%
Expected average remaining service life of employees		5.8 years		5.10 years
Salary increase		5.00%		5.00%

The above information is based on an accurrial valuation performed at December 31, 2008.

Plan sagets					
Murket	value of pi	an assets	(held	by	Cane
Rove	us Agency	)			

s 150 \$ 104

#### Note 18 Employee Future Benefits (continued)

#### (iii) Pension Expense

Pension plan expense comprises the following:

	2009		2008
	(thousas	de of do	illars)
Local Authorities Penaion Plan Supplemental Executive Retirement Plan	\$ 81,769 767	\$	70,554 1,291
	\$ 82,536	\$	71,845

#### (iv) Other Puture Benefits

Basic life, accidental death and dismemberment, short term disability, long term disability, extended health, dental and vision benefits are fully funded with benefits carriers. Capital Health pald \$38,318 (2008 - \$33,129) and drew down its discretionary reserves by \$3,281 (2008 - \$680 increase in discretionary reserves) resulting in a total expense of \$41,599 (2008 - \$33,809). Discretionary reserves of \$10,739 (2008 - \$14,020) are held by the benefits carriers in interest bearing accounts and are included in other receivables in the Consolidated Statement of Financial Position. There is no actuarial valuation completed; however, the plan funding for expenses and required reserves is based on authal experience.

Accommisted sick leave credits are calculated based on actual entitlements of current employee staff who qualify for this benefit. A liability of \$116 (2008 - \$119) and expense of \$3 (2008 - \$25) is recorded in the consolidated financial statements.

Supplementary unemployment benefit expense is based on actual payments and an accual for incurred by not reported claims. A liability of \$347 (2006 - \$353) and expense of \$1,515 (2008 - \$1,540) is recorded in the consolidated financial statements.

#### Note 19 Transition Costs

As at March 31, 2009, Capital Health recorded incremental transition and restructuring expenses, related to the transition to Alberta Health Survices, consisting of severance and termination benefits (Schedule 2), retention payments, professional services and consulting costs. These expenses are included in Support Services and Administration in the Consolidated Statement of Operations. Additional incremental expenses related to the transition to Alberta Health Services are also reported and disclosed in the financial statements of Heat Control Health.

		verance lelated		Other		Total
			(thousand	iz of dollars)		
Liability as at March 31, 2008 Expenses	\$	5,606	s	554	3	6,160
Payments made during the year	_	(5,023)		(314)	_	(5,337)
Liability as at March 31, 2009	5	583	5	240	3	823
Unfunded Supplemental Executive Retirement Plan	3		3	6,844	5	6,844

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AHS transitioning and Capital Health has recorded a receivable from East Central Health for the transition costs incurred as described above.

The transition grant restrictions include payments for the unfunded status of Capital Health's Supplemental Executive Retirement Plan. Capital Health has recorded a receivable from East Central Health for the amount of the accrued benefit obligation less plan assets at the end of the year.

#### Note 20 New Governance Structure

On May 15, 2006, the Minister of Health and Wellness restructured the governance model of health services delivery in Alberta. A single common board replaced the board members of each of Alberta's nine regional health anthority boards, Alberta Mental Health Board, Alberta Cancer Board, and Alberta Alcohol and Drug Abose Commission. Effective April 1, 2009, all the entities, including Capital Health, will be disestablished and all the assets, liabilities, rights and obligations of these entities will be assumed by Hast Central Health, whose name will change to Alberta Health Services ("AHS").

#### Note 21 Comparative Figures

Certain 2008 figures have been reclassified to conform to 2009 presentation.

#### Note 22 Approval of Pinancial Statements

These financial statements have been approved by the Alberta Health Services Board.

Schedule 1

# CAPITAL HEALTH CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

	Loss on disposal of capital assets	Write-off of capital assets	Facilities and improvements - externally funded	Facilities and improvements - internally funded	Capital equipment - externally funded	Capital equipment - internally funded	Anortization:	Other <sup>(1)</sup>	Contracts under the Health Care Protection Act	Drugs and gases	Medical and surgical supplies	Medical, consulting and other professional services	Contracts with health service operators	Salaries, honoraria, benefits, allowances and severance (Schedule 2)			
60	1													e 2) S			
3,257,600			32,000		62,000	32,000		301,463	5,637	91,265	125,173	223,450	820,373	1,564,239	(Note 11)	Budget	2009
60	1													S			9
\$ 3,449,947	10,365	13,810	34,088	6,484	59,681	29,178		305,216	4,901	89,919	139,125	258,146	893,892	1,605,142		Actual	
60	1													64			
2,981,512	10,832		31,924	6,081	47,918	17,573		281,904	4,684	86,919	119,212	209,193	770,304	1,394,968		Actual	2008

						000
Transportation	Food supplies	Equipment maintenance, rentals, minor renovations	Plant operations	Diagnostic and therapeutic supplies	Office, general supplies and miscellaneous	Significant amounts under "Other" include
32,1	27,011	52,5	33,	36,0	\$ 59,	
375	)II	128	123	597	716 \$	
20,696	24,240	45,582	29,512	33,723	60,088	

## CAPITAL HEALTH. SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

				2	1009				2008	
						Seve	TRICE			
	Number of PTEs 60	Base Salary <sup>66</sup>	Other Cash Benefits 60	Other Non- Cash Benefits (80)	Sub-total	Number of FTEs	Amount 64	Total	Number of FTEs <sup>60</sup>	Total
Board Compensation							71335413	1041	Fice	1000
Board Chair 60										
Hughes, Ken - AHS	0.88	\$ -	\$ .	s .	\$ .		5 - 5		- 5	
Wilkinson, Neil	0.12		23		23			23	i	96
Board Mombers (a)										
Ady, Jack - AHS	0.88									
Crevolin, Plene - AHS	0.21						•		*	
Roozen, Catherine - AHS	0.63							*		*
Hohol, Linda - AHS	0.88			-				-		-
Lehners, John - AHS	0.88									
Lewis, Irene - AHS	0.88									*
Sieben, Don - AHS	0.88					-				
Andreachuk, Lori - AHS	0.33									
Bontje, Gord - AHS	0.33								_	
Bougie, Teri - AHS	0.33									
Clifford, Jim - AHS	0.33				-		-			
Crowfoot, Strater - AHS	0.33							-		
Pranceschini, Tony - AHS	0.33									
Laupacis, Andreas - AHS	0.33					-				
Winkel, Gord - AHS	0.33									
Blumenthal, Leonard	0.12		4		4		-	4	1	27
Burch, Bill									1	1
Butti, Olivia	0.12		7		7			7	i	33
Crevolin, Pierre	0.12	-	2		2			2	1	13
Dennett, Jack	0.12		4		4			4	1	18
Goss, Doug	0.12		1		1			1	1	5
Hartwell, Vernon	0.12								1	
Kinsella, Wendy	0.12		4		4			4	1	26
Mondor, Al	0.12		9		9			9	1	16
Normand, Robert	0.12		5		5	-	-	5	1	6
Plain, Margaret	0.12	-	5		5			5		21
Sewell, George	0.12		4		4	*		4	1	17
Wade, Margaret	0.12		6		6		•	6		18
Total honoraria	10.32	8 -	\$ 74	\$ .	\$ 74	- 1	s <u> </u>	74	14 \$	297

# CAPITAL HEALTH SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

				2	009				2	800
						Sev	erance			
	Number of PTEs <sup>60</sup>	Base Salary de	Other Cash Benefits <sup>60</sup>	Other Non- Cash Beaufits se so	Sub-total	Number of FTEs	Severance (e)	Total	Number of FTEs (a)	Total
Board Direct Reports (b)										
President & Chief Executive Officer - AHS (6)	0.02	s -	s -	s -	s .	-	s -	5 -	s .	s -
Interior Chief Executive Officer - AHS ®	0.88					_				
Chief Executive Officer (IMA)	0.27	147	318	181	646	- 1	1,510	2,156	1.00	915
Mausgement persons reporting to the CEO: (0)										
Senior Vice President Pacilities Planning & Construction Executive Vice President & Chief Operating Officer		-						•	1.00	285
Health Services	0.22	82	91	7	180	-		180	1.00	576
Vice President - Academic Affairs	-		-					-	0.25	51
Executive Vice President & Chief Financial Officer (t)	0.40	160	363	202	725	1	1,027	1,752	1.00	688
Director - Government Affairs (4)	0.51	73	100	4	177	1	254	431	1.00	211
Vice President - Human Resources (U	0.48	126	179	63	368	1	466	834	1.00	411
Vice President - Medical Affairs (0)	0.75	264	114	20	398	1	387	785	1.00	402
Senior Vice President - Public Affairs	0.44	92	60	40	192	1	309	501	1.00	247
Executive Director	0.28	45	87	33	165	1	264	429	1.00	224

## CAPITAL HEALTH SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009 (thousands of dollars)

		2009										
						Sev	erance					
	Number of PTEs (w)	Base Salary (00	Other Cash Benefits (c)	Other Non- Cash Benefits	Sub-total	Number of FTEs	Amount 60	Total	Number of FTEs (a)	Total		
Other management person(s) reporting to those above (avg. 2009 \$117, avg. 2007 \$111) (excluding severance)	1,365	\$ 126,611	\$ 8,603	\$ 23,888	\$ 159,102	25	\$ 1,980	\$ 161,082	1,264	\$ 140,890		
Medical doctors not included above (avg. 2009 \$245 , avg. 2008 \$241) (excluding severance)	33	7,093	306	683	8,082			8,082	31	7,478		
Regulated nurses not included above -RNs, Reg. Psych. Nurses, Grad Nurses (avg. 2009 \$99 , avg. 2008 \$94)	5,813	400,323	95,867	78,272	574,462	1	20	574,482	5,484	514,021		
(excluding severance) - LPNs (avg. 2009 \$66, avg. 2008 \$59) (excluding severance)	1,066	51,934	9,541	9,167	70,642	*		70,642	907	53,593		
Other health technical and professionals (avg. 2009 \$95, avg. 2008 \$87) (excluding severance)	2,969	207,983	27,137	47,475	282,595	1	30	282,625	2,834	247,31		
Jarcgulated health service providers (avg. 2008 \$50 , avg. 2008 \$45) (excluding severance)	1,525	56,813	8,182	11,517	76,512	3	135	76,647	1,462	65,697		
Other frontline staff (avg. 2009 \$59, avg. 2008 \$54) (excluding severance)	7,191	322,481	31,356	70,100	423,937	23	503	424,440	6,718	361,663		
Capital Health Total	19,976.57	\$ 1,174,227	\$ 182,378	\$ 241,652	\$ 1,598,257	60	\$ 6,885	\$ 1,605,142	18.723	2 1,394,968		

## CAPITAL HEALTH CONSOLIDATED SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009

- a. Full time equivalent (FTE) is determined at a rate of 2,022.75 hours for each full-time employee. Total actual discrete number of individuals employed during the year was 32,781 (2008 29,927). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- b. Base salary includes pensionable base pay.
- c. Other cash benefits include honoraria, bonuses, overtime and lump sum payments.
  For the CEO and management persons reporting to the CEO, amount includes vacation payouts earned in prior years that were not previously disclosed by individual.
- d. Other non-cash benefits include:
  - Employer's current service and other costs of supplementary executive retirement plan per (f) below.
  - Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans.
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay.
- e. Severance includes direct or indirect payments to individuals upon termination, which are not in other benefits.
- f. Supplemental Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executives may receive supplemental retirement payments. SERP costs are not cash payments in the period but are the period expense for the rights to future compensation. SERP costs shown reflect the actuarially estimated cost to provide pension income over the post-employment period. SERP provides future pension benefits to participants based on years of service and earnings. See also accounting policy Note 2(e) Employee Puture Benefits and (Note 9) Long-term Employee Benefit Liabilities.

Current service cost is the actuarial present value of the benefit earned in the fiscal year. Other SERP costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service cost, interest accruing on the actuarial liability and the full amount of any actuarial gain or loss in the period.

#### Schedule 2 (continued)

#### SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (thousands of dollars)

		2009			2008									
	rrent ce Cost	Other SERP Costs	Total Pension Plan Expense	Pen	Total sion Plan expense	L M	iability arch 31, 2008	Ac	ange in ecrued ability	Li	ability arch 31, 2009	Unamortized Prior Service Costs <sup>(1)</sup>	Ot M	Benefit bligation arch 31, 2009
(2) President & Chief Executive Officer	\$ 83	87	170	\$	242	\$	1,857	\$	82	\$	1,939	\$ 79	S	2,018
(3) Senior Vice President Facilities Planning & Construction	-	(11)	(11)		(62)		734		(105)		629	6		635
Executive Vice President & Chief Operating Officer														
- Health Services	36	(33)	3		146		478		(187)		291	72		363
(4) Executive Vice President & Chief Financial Officer	46	143	189		218		779		189		968	274		1,242
(5) Director Government Affairs	8	(19)	(11)		30		82		(37)		45	5		50
(6) Vice President - Human Resources	25	25	50		90		438		50		488	89		577
(7) Senior Vice President - Public Affairs	17	10	27				53		24		77	~		77
(t) Executive Director	6	16	22		26		150		10		160	23		183
(9) Other members	 193	135	328		601		1,761		40		1,801	48	_	1,849
	\$ 414	\$ 353	\$ 767	\$	1,291	\$	6,332	\$	66	\$	6,398	\$ 596	\$	6,994

Note: Pension payments indicated below are not reported in thousands of dollars.

(1) Unamortized past year costs are in respect of past service improvements which have not yet been reflected on Capital Health's balance sheet but will make their way onto the balance sheet over time.

(2) President & Chief Executive Officer is receiving monthly SERP payments of \$22,072 for 10 years

(3) Senior Vice President Facilities Planning & Construction is receiving monthly SBRP payments of \$7,972 for 10 years

(4) Executive Vice President & Chief Financial Officer is receiving monthly SERP payments of \$13,303 for 10 years

(5) Director Government Affairs is receiving 3 annual SERP payments of \$26,447

(6) Vice President - Human Resources is receiving monthly SERP payments of \$6,174 for 10 years

(7) Senior Vice President - Public Affairs is receiving monthly SERP payments of \$845 for 10 years

(8) Executive Director is receiving monthly SERP payments of \$2,036 for 10 years

(9) Other members eligible for SERP payments are either receiving annual or monthly payments

- g. On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- h. Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- i. On July 8, 2008 the Region's CBO was terminated. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CBO AHS are reported and disclosed in the financial statements of East Central Health. The President and CBO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CBO AHS are reported and disclosed in the financial statements of East Central Health.
- j. Management persons reporting to CEO reflect FTE's and costs for 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Between July 8, 2008 and December 31, 2008, management persons reporting to the CEO terminated or retired from their positions due to restructuring and as incumbents left, individuals categorized as other management assumed their responsibilities. Costs for these individuals are reported in the category of Management persons reporting to direct reports to the CEO.
- k. These individuals are provided with a vehicle or vehicle allowance. No dollar amount is included under (c) above.

## ASPEN REGIONAL HEALTH AUTHORITY FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management Responsibility

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefits

## ASPEN HEALTH REGION MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING MARCH 31, 2009 FINANCIAL STATEMENTS

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian generally accepted accounting principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Office of the Auditor General to review financial matters, and recommends the financial statements to the Alberta Health services Board for approval upon finalization of the audit. The Office of the Auditor General of Alberta has free access to the Audit and Finance Committee.

The Office of the Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and procedures, which allow to him to report on the fairness of the financial statements prepared by management.

[Original signed]	
Shelly Pusch	
CFO - Aspen Health Region	
[Original signed]	
Chris Mazurkowich	
CPO - Alberta Health Services	
[Original signed]	
Dr. Stephen Duckett	
CEO _ Alberta Health Services	



#### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of the Aspen Health Region (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at March 31, 2008 and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated June 9, 2008.

[Original signed by Fred J. Dunn] FCA Auditor General

Edmonton, Alberta June 11, 2009

#### ASPEN ERGIONAL HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION March 31, 2009

(in thousands)

	2009	2006
	Actual	Actual
		Business (Note 3)
ASSETS		
Current:		
Cash, cash equivalents and investments (Note 4)	\$ 47,892	\$ 44,114
Accounts receivable	5,102	5,681
Contributions receivable from Alberta Realth and Wellness	432	15,127
Investories	1,853	1,638
Prepaid expenses	3,882	3,771
	59,161	70,331
Non current cash, cash equivalents and investments (Note 4)	18,690	30,719
Cupital ameta (Note 5)	174,661	177,050
Other assets (Note 6)	2,217	2,299
TOTAL ASSETS	\$ 254,729	\$ 280,399
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	\$ 25,836	\$ 25,920
Accrued vacation pay	13,421	11,804
Deferred contributions (Note 7)	20,729	20,005
	59,986	57,729
Deferred contributions (Note 7)	2,217	2,299
Deferred capital contributions (Note 8)	24,324	29,262
Unamortised external capital contributions	159,176	162,154
	245,703	251,444
Net mach:		
Accumulated (deficit)/maphra (Note 10)	(6,459)	3,377
Accomulated surplus internally restricted (Note 10)	*	8,485
Investment in capital assets	15,485	14,896
Cumulative net ourealized gains on investments		2,197
	9,026	28,955
TOTAL LIABILITIES AND NET ASSETS	\$ 254,729	\$ 280,399

#### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF OPERATIONS For the Year Ended March 31, 2009 (in thousands)

		20	009			2008
		Budget		Actual		Actual
	0	Note 12)			Rest	and (Note 3)
Revoces						
Alberta Health and Wellness contributions (Note 13)	\$	251,941	\$	246,661	8	238,576
Other government contributions (Note 14)		1,187		977		1,199
Pees and charges		26,842		25,727		23,554
Ancillary operations (Note 15)		1,518		1,675		1,622
Donations		300		427		397
Inventment and other income (Note 16)		9,271		8,323		9,636
Amortized external capital contributions		9,594		10,548		9,134
TOTAL REVENUE		300,653	_	294,338	_	284,113
Expenses (Schodule 1)						
Inpatient acute nursing services		46,203		47,208		43,908
Emergency and outpatient services		25,700		26,538		24,549
Facility-based continuing care services		34,318		36,280		33,563
Community-based care		19,713		19,974		17,483
Home care		15,650		16,542		14,743
Diagnostic and therapeutic services		56,770		57,266		52,117
Promotion, prevention and protection services		13,368		13,687		12,195
Administration		12,950		11,903		12,074
Information technology		6,536		6,783		6,563
Support services		63,151		69,409		61,444
Amortization of facilities and improvements		5,932		6,480		5,426
TOTAL EXPENSES	_	300,311		312,070		284,064
Excess (deficiency) of revenue over expenses	5	342	S	(17,732)	S	49

The accompanying notes and schedules are part of these financial statements.

#### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF CHANGES IN NET ASSETS For the Year Ended March 31, 2009 (in thousands)

					2009						2006
		compliated surplus/ (deficit) Note 10)	Restricted Accumulated surplan/ (deficit) (Note 10)		estaneut in ital assets	gai	milative net orcalized on/(losses) on oralizents		Total		Total
Stalance at beginning of your	s	3,377	8,485	\$	14,896	s	2,197	s	28,955	s	29,159
Baces (deficiency) of revenue over expenses		(17,732)							(17,732)		49
Capital assets purchased with internal funds		(2,931)			2,931						*
Amortization on internally funded capital susess		2,342			(2,342)		•				*
Changes to internally restricted funds		8,485	(8,485)		-				-		
Cumulative net surrealized galcus/(looses) int investments  Feet currealized tossess on available for ande franceis) assets arising during the year							(3,344)		(3,344)		(271)
Reclamification adjustments for gains included in custom of revenue over paperson							1,147		1,147		18
Ralance at east of year	\$	(6,4.59)	\$ -	5	15,485	5	_	\$	9,026	5	28,955

#### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF CASH PLOWS For the Year Epded March 31, 2009 (in thousands)

	200		009		2008		
	1	Indget		Actual		Actual	
Cash generated from (used by):					Rest	and (Non-3)	
Operating activities:							
Excess (deficiency) of revenue over expense	8	342	\$	(17,732)	5	49	
Non-cash transactions:							
Amortization (Schedule 1)		11,677		12,880		11,229	
Amortized external capital contributions		(9,630)		(10,584)		(9,170)	
Amortization of advances under long term care							
partnerships		82		82		82	
Amortized long term care pertnership contributions		(82)		(82)		(82)	
Onin on disposal of capital equipment:							
- internally funded				(2)		(23)	
Gain on disposal of investments				(212)		(438)	
Aznortization on Investments				18		18	
Loss on invostments valuations		~		1,129			
Transferred to deferred contributions				2,503		1,800	
Changes in non-cash working capital account				17,205		57	
Cash generated from operations		2,389		5,205		3,522	
Investing activities:							
Purchase of investments		(50,000)		(34,935)		(53,229)	
Purchase of capital assets:							
- internally funded equipment		(4,300)		(2,172)		(2,676)	
<ul> <li>internally funded facilities &amp; improvements</li> </ul>		(2,825)		(759)		(1.154)	
- externally funded equipment		(2,500)		(1,911)		(3,368)	
- externally funded facilities & improvements		(9,256)		(5,695)		(14,398)	
Proceeds on sale of investments		50,000		37,709		51,962	
Proceeds on sale of capital assets				48		29	
Allocations from (to) non-current cash		9,255		6.123		(6,787)	
Cash used by investing activities		(9,626)		(1,592)		(29,621)	
Financing activities:							
Capital contributions received		7.500		165		16,470	
Cash generated from financing activities		7,500		165		16,470	
Increase (decrease) in cash and cash equivalents		263		3,778		(9,629)	
Cash, cash equivalents and investments, beginning of year		44,303	_	44,114		53,743	
Cash, cash equivalents and investments, end of year	3	44,566	\$	47,892	\$	44,114	

The accompanying sotes and schedules are part of these financial statements.

## ASPEN REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2009 (in thousands)

Note 1 Authority, Purpose and Operations

The Aspen Regional Health Authority (the "Region") was established June 24, 1994 under the Alberta Regional Health Authorities Act. The Region is a registered charity under the Income Tax Act and exempt from payment of income taxes. Effective April 1, 2009 the Region will be disestablished and all the assets and liabilities will be transferred to Alberta Health Services (Note 19).

The Region delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

The Region's operations include the following facilities and sites:

Athabasca Healthcare Centre	Slave Lake Healthcare Centre
Barrhead Healthcare Cestire	Smoky Lake Continuing Care Centre
Boyle Healthcare Centre	St. Thorase - St. Paul Healthcare Centre
Cold Lake Healthcare Centre	Swan Hills Healthcare Centre
Dr W.R. Keir - Barrhead Continuing Care Centre	Wabasca/Desmerais Healthcare Centre
Edaou Healthcare Centre	Westlock Hesithcare Centre
Elk Point Healthcare Centre	Westlock Continuing Cure Centre
George McDougall - Smoky Lake Healthcare Centre	Whitecourt Healthcare Coutre
Himon Healthoure Contre	William J. Cadgow - Lac La Biche Healthcare Centre
Mayerthorpe Healthcare Centre	Aspen Community Services Sites
Radway Continuing Care Centre	Aspen Mental Health Sites
Setne - Jasper Healthcare Centre	Amer Corporate and Administrative Offices

The financial statements do not include the assets, liabilities and operations of voluntary or private facilities providing health services in the region, except as diaclosed in Note 17(c).

#### Note 2 Significant Accounting Policies and Reporting Practices

(a) Basis of Presentation

The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellneas\* Pinancial Directive 34.

These financial statements were prepared on a consolidated basis and include the following:

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (a) Basis of Presentation (continued)

The Region uses the proportionate consolidated method to account for its 50% interest in each of the two Primary Care Networks: St. Paul/Aspen Primary Care Network and Bomyville/Aspen Primary Care Network.

The Region participates in the Regional Shared Health Information Program (RSHIP), a special purpose, limited liability, not-for-profit company incorporated under the laws of Alberta as disclosed in Note 17(b). The Region accounts for its 13.33% interest in RSHIP on a proportionate consolidation basis.

These financial statements use the deferral method of accounting for contributions, key elements of which are:

- (i) Unrestricted contributions are recognized as revenue in the year receivable.
- Restricted non-capital contributions are recognized as revenue in the year in which the related expenses are incurred.
- (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as revenue in the period the related amortization expense of the capital asset is recorded.
- (iv) Restricted contributions to purchase capital assets that will not be amortized are treated as direct increases to net assets.
- (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on availablefor-sale financial assets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Financial Position. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 of the CICA Handbook.

The Region's objectives for managing capital are:

- in the short term to safeguard the Region's financial ability to continue to deliver health services and;
- in the long term to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of the Region's operating funds are from Alberta Health and Wellness which are paid on the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of the operating funds and obtaining external funding from charitable donations and capital grants.

Where a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 10).

#### (c) Full cost

The Region accounts for all costs of services for which it is responsible. Fair value transactions comprise:

- (i) Revenue that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges. An equivalent amount is recorded as contracted health service expense of the Region.
- (ii) Afterta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as these payments represent part of the cost of the Region's health program costs.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

- (iii) Fair value to use acute care facilities not owned by the Region is recorded as revenue from other government contributions or donations, and as program expense, since the Region's contract payments do not include amounts for use of these facilities.
- (iv) Fair value for use of non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services that a health region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. The value of volunteers' contributed services is not reported because a fair value cannot be irrasonably determined.

#### (d) Employee Future Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees, based on years of service and earnings. Defined contribution plan accounting is applied where the Region has insufficient information to apply defined benefit plan accounting. Pension costs in the statements comprise the employer's contributions required for its employees during the year, based on rates expected to provide benefits payable under the pension plans.

The Region does not record its portion of the plans' deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, as market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The Region's supplementary retirement plan is funded (Note 9(a)).

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

#### (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 24ft.

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted for using the trade date accounting.

#### (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and Receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest method.

The Region has classified its financial assets and financial liabilities as follows:

Financial Assets and Liabilities	Classification
Cash, cash equivalents, and Investments	Available for sale
Accounts receivable	Loans and receivables
Contributions Receivable	Loans and receivables
Accounts payable and accrued liabilities	Other financial liabilities
Accrued vacation pay	Other financial liabilities

The Region does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

#### Note 2 Significant Accounting Policies and Reporting Practices (continued)

The carrying value of current cash, accounts receivable, contribution receivable from Alberta Health & Wellness and accounts payable approximates their fair value because of the short term nature of these items. Unless otherwise noted, it is management's opinion that the Region is not exposed to significant, interest, currency or credit risks arising from its financial instruments.

#### (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Region adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as moving average cost) and net realizable value.

#### (h) Capital Assets

Capital assets and construction in progress are recorded at cost. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

	Useful Life
Land improvements	8-20 years
Buildings	15-45 years
Building equipment	10-20 years
Equipment.	3-20 years

Capital assets with unit costs less than five thousand dollars are expensed. Construction in progress is not amortized until the project is complete.

#### (i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Amounts recorded for amortization of capital assets and amortization of external capital contributions are based on estimates of the useful life of related capital assets. The Supplementary Retirement Plan obligation is based on actuarial calculations. Actual results could differ from these estimates.

#### Note 3 Prior Period Adjustment

During the year, Aspen Regional Health Authority made the following adjustments to the 2007-08 results:

Accounting for Primary Care Networks (PCN's) has been adjusted on a retrospective basis to proportionately consolidate all PCN's that the Region jointly controls (Note 17(d)).

Amounts held in trust for Patient/Resident funds have been removed from the financial statement presentation.

The following table summarizes the changes to the 2006 comparative figures that have been incorporated in these financial statements and notes to the financial statements:

	As	previously stated	Com	ortionate relidation PCN's	1	Resident Trust	A	a restated
Statement of Pinancial Position.								
Cash and investments	5	43,527	3	776	\$	(199)	3	44,114
Accounts receivable		5,674		7				5,681
Prepaid expenses		3,768		3				3,771
Accounts psysble and accrued liabilities		26,069		40		(185)		25,920
Deferred contributions		19,259		746				20,005
Statement of Operations								
Alberta Health and Wellness contributions		238,207		369				238,576
Investment and other income		9,609		27				9,636
Community-based care		17,086		396				17,482

#### Note 4 Cash, Cash Equivalents and Investments

		2009		2009		2008		2008
		Pair				Pair		
		Market			1	Market		
		Value		Cost		Value		Cont
	_					Restated	(No	nt: 3)
Cash	\$	51,426	3	51,426	3	52,255	3	57,255
Treasury bills		295		295		1,053		1,053
Money market securities		948		948		62		62
Boods		9,499		9,919		13,162		13,024
Equities	_	4,414	_	5,160	_	8,301	_	6,260
Total	3	66,502	3	67,748	1	74,833	3	72,654
Classified as:								
Current		47,392				44,114		
Non current	_	18,690			_	30,719		
Total cash, cash equivalents and								
investments	5	66,582			5	74,833		

- (a) At March 31, 2009 management determined that an impairment of investments classified as available for sale was other than temporary and therefore a cumulative loss has been recognized in the Statement of Operations (Note 16).
- (b) Treasury bills mature June 25, 2009 and bear interest at an average of 0.41%.
- (c) Money market securities bear interest at 1.78% paid annually.
- (d) To optimize returns at an acceptable risk level, management has established a policy asset mix such that no more than 40% of the portfolio will be in equities and of the total equity no more than 5% of the total will be in US equity securities. Risk is reduced through diversification within and among asset classes, and quality constraints on fixed-income and equity instruments.
- (e) Fixed-income securities, such as government bonds, provincial bonds and corporate bonds have an average effective yield of 5.158% per annum based on the market for securities maturing in one to five years, and 5.387% per annum for securities maturing between six and twenty-nine years. As at March 31, 2009 and 2008, the securities have the following maturity structure:

	2009 %'s	2008 %
1 to 5 years	35%	29%
5 to 10 years	35%	57%
Over 10 years	30%	14%

(f) Equities comprise publicly traded equities. Risk is reduced by prudent security selection and sector distribution.

#### Non-current cash, cash contvalents and investments represent the following:

	_	2009	2008
Externally restricted for capital acquisitions Internally restricted for capital acquisitions	\$	18,690	\$ 9,256 8,485
Unrestricted non-current investments		-	12,978
	\$	18,690	\$ 30,719

#### Note 5 Capital Assets

Cipital Asset		Opening Balance	Transfers from Construction		Additions		Transfer of Assets		Disposals		Closing Balance March 31, 20																					
	12	April 1, 2008		in Progress				/radicis			31. 2009																					
Land	15	2,787	\$		\$	-	3	-	\$	-	\$	2,787																				
Land improvements		5,710		709				-				6,419																				
Buildings		244,224		14.119		-			-		-		-		-		-		-		-			258,340								
Building equipment		12,007				45		-	-		-		-		-		-		-		-								-			12,052
Figuresia		81,629		5,916		4,083				(3,260)		88,366																				
Construction in progress	-	20,881		(20,744)		6,409		-				6,54																				
	15	367,238	5	-	5	10,537	5	-	5	(3,260)	3	374,515																				

Accumulated Amortizatio

Capital Asset	Opening Balance April 1, 2008		Current Year Amortization		Transfer of Assets		Americation on Disposals			Closing Balance March 31, 2009		Net Book Value 2009		Value 2008
Land	5	-	3	-	\$		\$		3		\$	2,787	\$	2,787
Land improvements		4,643		199		-				4,842		1,577		1,067
Buildings		118,387		6,106						124,493		133,850		125,837
Building equipment		10,540		212				-		10,752		1,300		1,467
Equipment		56,618		6,363		-		(3,214)		59,767		28,601		25,011
Construction in progress		-	F	-		-		-		-		6,546	F	20,381
	15	190,188	\$	12,880	\$		5	(3,214)	\$	199,854	15	174,661	\$	177,050

#### Capital assets were familed from the following source

		2009	2006
Expressily funded Internally funded	3	159,176 15,485	\$ 162,154 14,896
		174,661	\$ 177,050

#### Note 6 Other Assets

Advances under long-term care partnership agreemests  Amortized during the year  Balance, end of year		2009	2006		
	\$	2,299	\$	2,381 (82)	
Balance, end of year	3	2,217	\$	2,299	

Punds received from Alberta Infrastructure for the purpose of providing facility based continuing care to the Region's residents are recorded as non-current deformed contributions. Advances made to private health service contract operators for the construction of continuing care facilities in the region are recorded as a non-current advance.

The Region uses the Forgivable Mortgage Model for reporting the contribution and advancement of funds as per Alberta Health and Wellness guidelines for accounting for long-term care partnerships. The provincial government supports partnerships between the Region and private organizations by providing a one-time, up-front capital grant to the Region. The Region in turn provides a demand loan to the partner. The partner uses these funds towards the construction of the facility. The loan is forgivable over the useful life of the infrastructure. The loan is repayable on demand, is secured by the facility and is forgivable for services rendered by the owner over the life of the facility. Under the terms of this agreement, the Region provides the private operator with an amortizable advance accured on the construction costs of the facility. This advance is to be amortized over 33 years, which is equivalent to the term of the partnership agreement. The Region does not accuse interest on the loan as the Region will forgive the balance of the loan following the expiry of the term of the partnership.

#### Note 7 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

		2009		2008
Current			Non	and Office 2)
AHW - Continuing Care	5	289	5	801
AHW - Mental Health Innovation		531		1,342
AHW - Specialist On Call		658		1,629
AEFW - Immunization		209		504
AFFW - Security of Systems		177		336
AHW - Trichealth		467		272
AHW - Houlth Promotion		360		529
AHW - Aboriginal Health Strategies				179
AHW - Other				7
AHW - Pandemic		1,342		1,631
AHW - Infrastructure Maintenance		10,801		8,214
Denotions		1,262		1,122
Upgrade FICA Skitts		157		
Stroke Strategy		791		764
Mental Health Children's Wait Three		161		394
Alberta Cardiac Access Collaborative		2009		200
Healthcare Aide Upgrade & Training		109		294
Wait Time Project - Hip & Knee Replacement		1,335		447
Wait Time Project - Buck & Spins		120		119
Bone & Joint Project		100		
Capacity Building - Colorectal Cancer Screening				300
Primary Care Network		1,041		746
Other		616		175
		20,729		20,005
Nuncarest				
Alberta Infinstructure - Long term care partnerships		2,217	_	2,299
Total	3	22,946	\$	22,304

#### Note 8 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

Determent of capital assets	_	_	2008		
	3	129	3	4,740	
New Construction		24,195	_	24,522	
	3	24,324	3	29,262	

#### Note 9 Long-Term Employee Benefits

(a) Supplementary Retirement Plan				
Accrued obligation, beginning of year	8	43	8	
Current service cost.		43		41
Interest cost		4		2
Actuarial gain	_	(11)		*
Assemil obligation, and of year	\$	79	5	43
Executibilies of funded states of accreed beselfs sent / Sability				
Pumled status of plan	3	9	5	
Unarrowined actuarial (gain)	_	(9)	_	
Accraed benefit asset (liability)	8		8	*
Carrest service cost		43	3	41
Interest cost		4		2
Actuarial gain in year		(11)		
Difference between expected and actual return on assets		(2)		
Difference between ecosphised and actual actuarial loss (gain) in year		11	_	
Henclit cost	3	45	3	43
Supplementary Retirement Plan is fully funded.				
Similitant actuarial communicat are as follows:				
Discount rate		6.2%		5.2%
Expected average remaining service life of employees		12		13
Salary increase		4%		4%
Expected return on plan assets		3.15		2.6%
The above information is based on the actuarial valuation performed at	March 31	, 2009.		
Plan Assets (held by trustes)				
Basployer contributions - but value of mucts at March 31		*		*
Plan Assets (held by Camela Revenue Assure)				
Employer contributions paid by refundable tasses	\$	45	3	43
Total plea espeta	3	45	3	43
Funded status of plan	\$	45	3	43
	-		_	

#### (b) Pension Expense

The Region participates in the Local Authorities Pension Plan, which is a multiemployer defined benefit plan. Pension expense in these financial statements is equal to the Region's annual contributions payable of \$9,461 for the year ended March 31, 2009 (2008 - \$8,213).

At December 31, 2008, the Local Authorities Pension Plan reported an actuarial deficit of \$4,413,971 (2007 - \$1,183,334).

#### Note 10 Accumulated (Deficit)/Surplus

The Region's accumulated (deficit)/surplus comprises the following:

	_	2008		
Unrestricted net assets (deficiency)	3	(6,459)	\$	3,377
Internally restricted set seeds Future equipment replacement	_			8,485
	5	(6,459)	5	11,862

The Alberta Health Services Board has unrestricted all funds that were previously internally restricted.

The Region has reported an accumulated deficit at March 31. Per Alberta Regulation 15/95 of the RHA Act, Alberta Health Services will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the net accumulated deficit of all health regions combined, within three years of incurrence.

#### Note 11 Commitments and Contingencies

#### (a) Commitments

The Region is committed to operating lease payments and software licensing in future years is follows:

2010	s	224
2011		653
2012		123
2013		85
2014		34
	\$	1,119

The leases expire at various dates from 2010 to 2014.

The Region contracts on an ongoing basis with voluntary, private and community health service operators to provide acute and continuing care and other health services in the Region (Note 17(e)). The Region has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.

#### (b) Legal

The Region has been named as a defendant in various legal actions. The outcome of these actions cannot be estimated at this time. However, management believes the amount of damages, if any, resulting from these claims would not materially affect the financial position of the Region. In accordance with standard provincial requirements, the Region maintains adequate liability insurance coverage. Any costs in excess of the Region's liability insurance on settlement would be recorded as an expense of the period of settlement.

#### Note 12 Budget

The budget was prepared by management and submitted to the Minister of Health and Wellness on June 3, 2008.

#### Note 13 Alberta Health and Wellness Contributions

				2009		2008
		_			Resta	nted (note 3)
	Unrestricted contributions	1	1	229,542	\$	225.247
	Transfers from deferred contributions			17,119		13,329
		_		246,661	5	238,576
Note 14	Other Government Contributions					
Alberta Ge	A - E					
			200	9		2008
Fair value o	of rent less rent charges for non-acute care					
facilities un	ed by the Region	\$		814	\$	1,105
Transfers fr	um deferred contribution			82		82
Transition g	grant from East Central Health (Note 18)			55		
Other Alber	rta Government			26	_	12
		\$		977	\$	1,199

#### Note 15 Ancillary Operations

			2	009				2008			
	R	evenue	Direct		rtization pense	Re	venue venue ver pense	R	evenue	Re	pense
Non-patient food services	\$		\$ 949	\$	26	\$	62	\$	1,013	5	
Rental operations Sale of goods and services		420 218	336 212		- 10		74		386 223		- 0
Total	\$	1,675	\$ 1,497	\$	36	\$	142	\$	1,622	\$	229

Ancillary expenses are reported in support services in the Statement of Operations.

#### Note 16 Investment and other income

	2009	2008
		(Note 3)
Investment Income Other than temporary impairment of investments	\$ 1,710	\$ 2,566
(Note 4)	(1,147)	(18)
Other Income	7,760	7,088
	\$ 8,323	\$ 9,636

Investment income comprises interest, dividends and net gains (losses) realized on disposal of investments.

Other income comprises recoveries from sources external to the Rogion for salary and supplies, WCB compensation, food licensing permits, vaccines, laundry services and other miscellaneous revenues.

#### Note 17 Related Parties

#### (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints members of the Alberta Health Service Board. The Board is economically dependent on the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

The Region had the following transactions with other Health Regions recorded on the Statement of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

	2009							2008								
Anhecky	Raveus	e E	-	Rec	elvable	P	symble	2	-	B		See	rivsbic	2	مشتورها	
Other regional lenith authorities and provincial health busels	3 2,39	4 8	3.219	3	353	8	236	3	1,798	8	3.173	3	472	3	2,396	

#### Note 17 Related Parties (continued)

#### (b) Regional Shared Health Information Program (RSHIP)

The seven non-metro health regions have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative. The other partners to the agreement are: Chinook Regional Health Authority, Palliaer Health Region, David Thompson Health Region, East Central Health Region, Peace Country Health Region, and Northern Lights Health Region.

AHW Punding Health Authority contribution	\$	1,216 749	\$	4,906 2,233
Total	3	1,965	5	7,139
Reported as follows: Expenses Capital assets	\$	573 1,392	s	712 6,427
Total	\$	1,965	5	7,139

The Region accounts for its interest in RSHIP on a proportionate consolidation basis.

#### (c) Foundations

The Region has economic interest in the following foundations with one representative on each of their Board of Directors. The foundations raise funds to benefit the Region and other health related entities and are registered charities under the Income Tax Act. Information on the foundations is as follows:

			1	1009					26	300			
	A	mets.	Lini	olitica	A	Pilot assets	Au	uets g	Links	lities	Net.	Assets	
St Paul & District Hospital Possulation	8	173	8	23	3	150	8	158	3	23	3	135	
History Health Care Foundation		265		-		265		243		-		243	
Jusper Health Cure Posselstion	-	88		100	_	(12)		155		167	_	(12)	
Theat		526	2	123		403	S	556	3	190	\$	366	

#### Note 17 Related Parties (continued)

	Contributions received by Health Region					Resource	es held dation	
	Year caded March 31,			at March 31, 200 Externally				
	_2	009	_2	900	Res	ericted	Unre	stricted
St Paul & District Hospital Foundation	\$	8	\$	77	\$	-	8	150
Histon Health Care Foundation		-		-		77		188
Jasper Health Care Foundation		26	_	-	_	_ 88	_	-
	5	34	3	77	3	165	3	338

Contributions include externally restricted amounts for equipment, programs, research, and education for specific communities supported by the Foundations.

#### (d) Primary Care Networks

The Region's share of the following Primary Care Networks are included in the financial statements under the proportionate consolidation method.

	Health region	's 50% sh	ure
	2009	20	800
Opening Balance	\$ 746	\$	682
Contributions from AHW	1,157		433
Amounts recognized as revenue	(862)		(369)
Amounts deferred	\$ 1,041	\$	746

#### (e) Contracts with Health Service Providers

The Region has an economic interest through its contracts with voluntary and private health service providers in the region. Funding was provided as follows:

			-	2009						2006		
	Affiliated Health Service Providers		Non-Affiliated Health Service Providers		Total		Affiliated Health Service Providers		Non-Affiliated Health Service Providers			Total
e funding	3	30,476	3	2,501	\$	32,977	8	27,488	\$	2,138	\$	29,626
funding		-				-				-		
rges		5,638				5,638		5,066				5,066
introcesia		82		-		82		82				82
	5	36,196	3	2.501	5	38,697	8	32,636	3	2,138	8	34,774

Direct Region Direct AHW Pees and clear Pall cost stip

#### Schedule 1

## ASPEN REGIONAL HEALTH AUTHORITY

(in thousands)

#### SCHEDULE OF EXPENSES BY ORJECT FOR THE YEAR ENDED MARCH 31, 2009

		Budget		2009		2008
					Rest	and (More 3)
Salaries and Benefits (Schedule 2)		179,760		181,729		164,654
Contracts with health service operators (Note 17 (e))		37,118		38,697		34,774
Drugs and gases		4,364		4,592		4,577
Medical and surgical supplies		5,732		6,498		5,703
Other contracted services		19,069		20,989		19,568
Other *		42,591		46,687		43,582
Amortization:						
Capital equipment - internally funded		1,948		2,230		1,960
Capital equipment - externally funded		3,797		4,133		3,789
Facilities and improvements - internally funded		99		98		99
Facilities and improvements - externally funded		5,833		6,419		5,381
Net gain on disposal				(2)		(23)
	3	300,311	3	312,070	3	284,064
* Other						
Utilities	3	6.285	\$	6,449	\$	6.276
Patient travel		5,947		6,431	-	5,758
Food		3,022		3,155		2,925
Minor equipment		1,596		1.677		3,518
Equipment maintenance - external		2.221		2.545		2,344
Lab supplies		2.463		2.640		2.419
Other fees		1,542		1,560		1,377
Renovations		3,195		5,451		1,716
Staff travel		1,706		1,911		1.835
Rental/lease of equipment		1,799		1.906		1,755
Building/gound maintenance - external		1,226		1,964		2,144
Rental/lease of land/building		1.456		1,147		1.414
Miscellaneous	-	10,131		9,851		10,101
	3	42,591		46.687		43 582

#### Note 18 Transition Costs

As at March 31, 2009, the Region recorded incremental transition costs and restructuring charges in the Statement of Operations. In the Statement of Operations these charges are included in Administration, Support Services and Information Technology.

	Severano	et Related	0	Total		
Liability at March 31, 2008	\$	-	\$		5	
Expenses				55		55
Payments made during the year				(55)		(55)
Liability as at March 31, 2009	\$	-	\$		5	-

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of Alberta Health Service transitioning and the Region has recorded a receivable from East Central Health for the transition costs incurred as described above.

#### Note 19 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health service delivery in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commissions (AADAC). Effective April 1, 2009, all of these entities including the region but excluding East Central Health will be disestablished and all the assets, liabilities, rights and obligations of these entities. including the Region, will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

#### Note 20 Comparative Figures

Certain 2008 figures have been reclassified to conform to the 2009 presentation.

#### Note 21 Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

Schoolste 2

ASTEN REGIONAL BEALTH AUTHORITY ROBERTH ROF SALARIES AND BENEZITE FOR THE YEAR ENDED MARCH SL. 2002

	2000									3000		
						- Down	mes or					
	1	i	181	101	1	Iŧ	1	100	A FITTE	3		
Resert Cheir **												
Kan Haghes - AHS	0.86	-								-		
Robert Jackson	6.12		,			-		9	1.00	37		
React Manhors**												
Juck Ady - APES	0.00		-					-	-	-		
Piece Covelle - ARS	0.21			-				-	-			
Cutherles Rossen - AHS	0.63		-					-				
Linta Hobel - ASS	0.88		-				-			*		
John Lobours - ANS	0.86		-	-				-				
Seese Lowis - AVS	0.88		-					-				
Don Sinten - AHS	0.86	-	-			*		-				
Larl Andrewink - AHS	0.23											
Clerel Breezic - AARS	0.33		-		-	-		-				
Teri Lyon Brough - AMS	0.33							-				
Jim Califord - APIS	6.33	-			-	-		-				
Street Crewitet - APE	0.33		-			*						
Tuny Promountain! - AFB	8.35					-			-			
Agricon Lournels - AFES	0.33		-	*	-	*		*				
Cont Winter - AUS	0.39					*						
Alter Back	0.12		4		4			4	3.00	5		
200 Point	0.12		3		3			3	1.00	4		
Ernic Hules	0.12		3		3		-	3	1.00	4		
Straic laley	0.12	-	4		4		*	4	1,00	6		
Dale Jalamon	0.12		3		3			3	1.60	5		
Judy Kidd	0.12	*	4		4			4	1.00	6		
Shirtey Making	0.12		-				-	-	1.00	2		
Stire McChaldry	0.12	-	3	-	3			3	1.00			
Audiow Cirr	0.12		3		3			3	1.00	10		
John Pillechek	0.12		4	-	4	-		4	1.00	3		
Gary Pollock	0.12		3		3			3	1.00			
Gary Reacter	0.12					-	*	-	1.00	3		
Ployd Thougation	0.12		3		3			3	1.00			
Marion Wolfreid	6,12		4		4			4	1.00	. 9		
Total Buscel	10.56		30		30	5	-	30	15.60	336		

ASTEN REGIONAL HEALTH AUTHORITY SCHOOL OF SALARIES AND RENDETTS FOR THE YEAR ENDED MARCH 31, 2009 Search Effect Search <sup>(4)</sup>
Provident & Chief Decesion Officer - AUS <sup>(6)</sup>
Interior Chief Entractive Officer - AUS <sup>(6)</sup>
Provident & Chief Entractive Officer <sup>(6)</sup> CRO Direct Reports
Advangement person(s) repor
President & CRO: 1,00 1,00 1,00 1,00 1,00 1,00 190 203 -190 190 153 165 163 30.95 3,326 2,599 4,063 33.37 3,745 28 4,029 1.00 3,634 1.00 3,641 343,50 53,594 299,30 12,299 398,00 34,517 251,47 14,237 999,53 40,523 2,478,50 163,079 40,748 8,102 8,108 10,579 1,703 2,677 28,204 4,644 3,886 13,156 1,579 2,673 36,098 1,505 7,277 135,110 17,979 27,107 298.62 211.63 409.34 388.66 925.13 2.538.33 36,918 -14,361 -36,734 -27,190 -45,280 -180,196 2,00 96,958 14,361 38,734 17,190 45,250 180,237 2.536,77 \$ 196,349 \$ 19,039 \$ 27,310 \$ 181,688 2.00 \$ 41 \$ 181,739 2.500,34 \$164,654

Scholale 2 (continued)

#### Schedule 2 (continued)

#### SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2009

- Full time equivalent (PTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed: 4845 (2008 – 4,746). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- 2) Base salary includes pensionable base pay.
- 3) Other cash benefits include overtime, lump sum payments, shift differential, and honoraria.
- 4) Other non-cash benefits include:
  - a) Employer's current and prior service cost of supplementary retirement plans per Note (15) below.
  - b) Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans, Canada Pension Plan, employment insurance, workers compensation, and tuition.
- Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- 6) On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services (AHS) interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member-board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of Bast Central Health.
- Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed at May 15, 2008.
- 8) The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CBO AHS are reported and disclosed in the financial statements of Bast Central Health. The President and CBO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CBO AHS are reported and disclosed in the financial statements of Bast Central Health.
- 9) Effective July 8, 2008 the President and Chief Executive Officer of the Region transitioned to the Chief Operating Officer Performance Improvement & Clinical Support Services - AHS. Costs incurred are reported in the accounts of the Region.

#### Schedule 2 (continued)

- 10) CBO Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted below.
- 11) Effective November 20, 2008 the Vice President Corporate Services of the Region was appointed the Vice President, North Continuum Zone – AHS. Costs incurred are reported in the accounts of the Region.
- 12) Effective October 31, 2008 the Vice President Community Health of the Region was appointed the Senior Vice President, Community Care – AHS. Costs incurred are reported in the accounts of the Region.
- 13) Effective February 9, 2009 the Vice President Human Resources of the Region was appointed the North Zone Lead, Human Resource Services – AHS. Costs incurred are reported in the accounts of the Region.
- 14) The Chief Executive Officer and other senior management are provided with an automobile; no dollar amount is included under benefits and allowances.
- 15) Supplementary Retirement Plan (SRP)

Under the terms of the supplementary retirement plan, executive officers may receive supplemental retirement payments. Retirement arrangements costs as detailed below are not cash payments in the period but are the period expense for rights to future compensation. Costs shown reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SRP provides future pension benefits to participants based on years of service and earnings.

## Schedule 2 (continued)

Vice President Health Services	Vice President Corporate Services	President & Chief Executive Officer				
6	7	30	Cost	Service	Current	
		2	Other Costs	and	Prior Service	2009
6	7	32	Total			
0	7	30	Total			2008

The accrued obligation for each executive under the SRP is outlined in the following table:

	Vice President Health Services	Vice President Corporate Services	President & Chief Executive Officer	
43	6	7	30	Accrued Obligation March 31, 2008
36	10	7	19	Change in Accrued Obligation
79	16	14	49	Accrued Obligation March 31, 2009

#### **Peace Country Health**

Financial Statements March 31, 2009

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#### PEACE COUNTRY HEALTH

#### MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

#### FINANCIAL STATEMENTS

March 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness and, of necessity, include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded. The Region has established a code of ethics and corporate directives, which require communication of the code to employees.

The Region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta, to discuss and review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has full and free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed]

Dr. Stephen Duckett
President and Chief Executive Officer

Chris Mazurkewich
Chief Financial Officer

[Original signed]

Mark De Croos
Executive Director, Finance



#### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of the Peace Country Health Region (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn] FCA Auditor General

Edmonton, Alberta June 11, 2009

#### Peace Country Health Statement of Financial Position March 31, 2009

#### (in thousands of dollars)

	2009			2008
		Actual	Actual	
ASSETS			(rest	and - Non 3)
Current				
Cash (Note 4)	3	11,058	3	19,361
Accounts receivable		6,706		5,781
Contributions receivable from Alberta Health and Wellness		734		2,518
Inventories		1,719		1,507
Prepaid expenses and deposits		4,604		2,524
		24,821		31,691
Non-current cesh (Note 4)		19,302		11,541
Non-current receivables (Note 5)		892		4,305
Capital seeds (Note 6)		210,868	_	214,275
TOTAL ASSETS	3	255,883	3	261,812
LIABILITIES AND NET ASSETS (I	JABILITU	980		
Current:				
Accounts payable and accrued liabilities	3	24,342	8	23,886
Accrued vacation pay		13,402		12,163
Deferred contributions (Note 7)		8,537		8,877
Current portion of long-term debt (Note 9)		346		348
		46,627		45,274
Deferred capital contributions (Note 8)		20,174		15,806
Long-turm debt (Note 9)		4,740		5,103
Unamortized external capital contributions		191,231		195,534
Other liabilities (Note 6(a))		692		-
		263,464		261,717
Net Assets (liabilities)				
Accumulated deficit (Note 11)		(21,440)		(13,195)
Investment in capital assets		13,859		13,290
Operating net (limbilities) assets		(7,581)	_	95
Contingencies and commitments (Note 12)				
TOTAL LIABILITIES AND NET ASSETS (LIABILITIES)	8	255,883	\$	261,812

The accompanying notes and schedules are part of these financial statements.

#### Peace Country Health Statement of Operations March 31, 2009

#### (in thousands of dollars)

	26	109	2008
	Budget	Actual	Actual
	(Note 13)		(restated - Note 3)
Revenues			
Alberta Health and Wellness contributions (Note 14)	\$ 257,900	\$ 259,148	\$ 250,203
Other government contributions (Note 15)	810	2,478	925
Fees and charges	20,090	21,257	18,600
Ancillary operations (Note 16)	850	770	736
Donations	530	603	444
Investment and other income (Note 17)	7,000	8,862	9,053
Amortized external capital contributions	12,500	16,585	12,985
TOTAL REVENUES	299,760	309,703	292,946
Expenses (Schedule 1)			
Impatient acute mursing services	61,820	60,793	59,393
Emergency and outpatient services	26,870	26,893	23,703
Pacility-based continuing care services	28,550	26,212	24,427
Ground Ambulance Discovery Project	14,700	15,016	13,451
Community-based care	12,490	13,429	10,567
Home care	19,440	19,608	17,303
Diagnostic and therapeutic services	52,330	55,572	49,836
Promotion, prevention and protection services	15,530	13,081	13,043
Research and education		16	16
Administration	15,650	14,063	14,523
Information technology	6,330	6,835	6,352
Support services	51,390	55,301	49,099
Amortization of facilities and improvements	8,500	10,560	8,534
Reversal of provision	-	-	(1,200)
TOTAL EXPENSES	313,600	317,379	289,547
(Deficiency) excess of revenues over expenses	\$ (13,840)	\$ (7,676)	\$ 3,399

The accompanying notes and schedules are part of these financial statements.

#### Peace Country Health Statement of Changes in Net Assets March 31, 2009

(in thousands of dollars)

					2009	_	2008
		cumulated deficit		stment in	Total		Total
	0	Note 11)					estated letu 3)
Balance at beginning of year		(13,195)	\$	13,290	\$ 95	\$	(3,304)
(Deficiency) excess of revenues over expenses		(7,676)		-	(7,676)		3,399
Capital assets purchased with internal funds		(1,539)		1,539			-
Amortization of internally funded capital assets		1,168		(1,168)	-		
Disposal of internally funded capital assets		23		(23)	-		
Repayment of long-term debt		(221)		221		_	-
Balance at end of year	\$	(21,440)	3	13,859	\$ (7,581)	3	96

The accompanying notes and schedules are part of these financial statements.

#### Peace Country Health Statement of Cashflows March 31, 2009

	20	2008		
in thousands of dollars)	Budget	Actual	Actual	
	(Note 13)		(restated -	
Cash generated from (used by):			Note 3)	
Decrating activities:				
(Deficiency) excess of revenue over expenses	\$ (13,840)	\$ (7,676)	\$ 3,399	
Non-outh transactions:				
Amortization of internally funded equipment	1,200	962	2,027	
Amortization of externally funded equipment	4,200	6.189	5,097	
Amortization of internally funded facilities and improvements	200	206	234	
Amortization of externally funded facilities and improvements	8.300	10.354	8,318	
Loss on sale of equipment	-	14	-	
Amortized octamal ossital contributions	(12,500)	(16,585)	(13,415	
Changes in non-cash working capital account			8,552	
Changes in hen-case working capital account	(4,275)	(78)	8,334	
Chain generated (used by) from operations	(16,715)	(6,614)	14,212	
sweeting activities:				
Purchase of ospital assets:				
Intornally funded - equipment	(2,560)	(1,539)	(1,919	
Externally funded - equipment	(3,075)	(2,135)	(7,420	
internally funded facilities and improvements	-	-	(91	
Externelly funded - facility and improvements	(44,530)	(9.365)	(14,045	
Punded by long-term debt.	(14534)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(14	
Proceeds on mile of capital assets		51		
Change in non-current costs	11,541	(7,761)	(2,955	
Catalogo in Actividad Const.		111011	- 445-35	
Sush used by investing activities	(38,624)	(20,749)	(26,448	
farmoing activities:				
Capital contributions received	30,974	18,587	26,954	
Change in non-current receivables	4,265	3,413	(1,983	
Carried contributions transferred from (tp) deferred contributions	825	649	150	
Capital contributions transferred to operations		(2,586)	(317	
Transfer to asset retirement obligation	-	(638)		
Principal psyments on long-term debt	(349)	(365)	(345	
Such generated from financing activities	35,715	19,060	24,459	
narense (decrease) in cash	(19,624)	(8,303)	12,223	
Sale, beginning of year	19,361	19,361	7,138	
Sals, and of your	\$ (263)	\$ 11,058	\$ 19,361	

The accompanying notes and schedules are part of these financial statements.

#### **Peace Country Health** Notes to Financial Statements March 31, 2009

#### (in thousands of dollars)

#### 1 Authority, purpose and operations

Peace Country Health (the "Region") was established on June 24, 1994, under the Regional Health Authorities Act, Chapter R-10, Revised Statutes of Alberta, 2000. The Region is a registered charity and is exempt from payment of income tax under Section 149 of the *Income Tax Act*. Effective April 1, 2009, the Region will be disestablished and all assets and liabilities will be transferred to Alberta Health Services ("AHS") (Note 21).

The Region is responsible for the delivery of appropriate, accessible and affordable health services in the region. This responsibility includes operating programs designed to promote, protect, meintain, restore and enhance physical and mental well-being.

The operations of the Region include the following facilities and sites:

- Beaverlodge Municipal Hospital
- Central Peace Health Complex, Spirit River
- Fairview Health Complex
- Grande Cache Community Health Complex.
   Grimshaw/Berwyn Continuing Care Centre
- Fox Creek Healthcare Centre
- High Prairie Health Complex
- JB Wood Continuing Care Centre
- Hythe Continuing Care Centre
- Mackenzie Place Long Term Care Centre, Grande Prairie
- Manning Community Health Centre
- Peace River Community Health Centre
- Queen Elizabeth II Hospital, Grande Prairie
- Sacred Heart Community Health Centre, McLeman
- Valleyview Health Centre
- Worsley Health Centre
- Health Unit Offices in Beaverlodge, Fairview, Fox Creek, Gift Lake, Grunde Cache, Grunde Prairie, High Prairie, Kinuso, Mazning, McLennan, Peace River, Spirit River, Valleyview and Worsley. Emergency Medical Services (EMS) Stations in Beaverlodge, Fairview, Fox Creek, Grande Cache,
- Grande Prairie, High Prairie, Manning, Smoky River, Peace River, Spirit River and Valleyview.

These financial statements do not include the assets, liabilities, and operations of any voluntary or private facilities providing health services in the region, except as disclosed in Note 18.

#### **Peace Country Health** Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 2 Significant accounting policies and reporting practices

#### a) Basis of Presentation

- i) The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Financial Directive 34 issued by Alberta Health and Wellness. The significant accounting policies used in the preparation of these financial statements, including the accounting recommendations of Alberts Health and Wellness, are summarized below.
- ii) The Region participates in the Regional Shared Health Information Program ("RSHIP"), a special purpose, limited liability, not-for-profit company incorporated under the laws of Alberta. The purpose of RSHIP is to provide and manage a shared information systems infrastructure for the participating Health Authorities. The Region accounts for its 14.2% interest in RSHIP on a proportionate consolidation basis.
- iii) The Region uses the proportionate consolidation method to account for its 50% interest in each of the three Primary Care Networks:
  - Sexamith Primary Care Network
  - West Peace Primary Care Network
  - · Peace River Primary Care Network

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (in thousands of dollars)

#### 2 Significant accounting policies and reporting practices (continued)

- iv) These financial statements use the deferral method of accounting for contributions, the key elements of which are:
  - i) Unrestricted contributions are recognized as revenue in the year receivable.
  - Externally restricted non-capital contributions are deferred and recognized as revenue in the year in which related expenses are incurred.
  - iii) Externally restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to mamortized external capital contributions and recognized as revenue in the period in which the related amortization expense of the funded capital asset is recorded.
  - fv) Restricted contributions for the purchase of capital assets that will not be amortized are recorded as direct increases to not assets.
  - Unrestricted investment income is recognized in the year it is carned.
  - vi) Investment income subject to external restrictions is, depending on the nature of the restrictions, recorded as a direct increase to set assets or is deferred and recognized as revenue in the year the related expenses are incurred.
  - Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

#### b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 of the CECA Handbook. The Region's objectives for usuaging capital are:

- In the abort term to safeguard the Region's financial ability to continue to deliver health services and
- In the long term to plan and to build sufficient physical capacity to meet future needs for bealth services.

The majority of the Region's operating funding is from Alberts Health and Wellness which is paid at the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

#### Peace Country Health Notes to Financial Statements March 31, 2809

#### (In thousands of dollars)

#### 2 Significant accounting policies and reporting practices (continued)

Alberts Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants. The Region borrows to finance capital investments related to ancillary operations since the department does not fund ancillary operations.

The Region complied with all debt covenants during the year.

Where a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 11).

#### c) Pull Cost

The Region records the fair value of services for which it is responsible. Such fair value transactions include the following:

- ii) Revenues earned by contracted health service operators from Ministry of Health and Wellness designated fees and charges are recorded as fees and charges of the Region. An equivalent amount is recorded as contracted health service operator expense of the Region.
- ii) Payments made by Alberta Health and Wellness directly to contracted health service operators for health programs are recorded as revenues and an equivalent amount recorded as program expenses as these payments represent pert of the cost of the Region's health programs.
- iii) The fair value for use of scale care facilities not owned by the Region is recorded as revenue from other government contributions or from donations and as program expense, since contract payments from the Region do not include an amount for the use of those facilities.
- iv) The fair value for use of non-scute care facilities not owned by the Region and provided to The Region at 2000 or nominal rent is recorded as other government contributions and as program expenses.
- v) Other assets, supplies, and service contributions that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers contribute a significant amount of time each year to assist the Region in carrying out its programs and services. However, contributed services of volunteers are not recognized as revenues and expenses in these financial statements because fair value cannot be reasonably determined.

#### **Peace Country Health**

Notes to Financial Statements March 31, 2009

(In thousands of dollars)

#### 2 Significant accounting policies and reporting practices (continued)

#### d) Employee Future Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees based on years of service and earnings. Defined contribution plan accounting is applied where information is insufficient to apply defined benefit plan accounting. Pension costs comprise the employer's contributions during the year, based on rates expected to provide benefits payable under the pension plans.

The Region does not record its portion of the plan's deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan to select senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. At March 31, 2009, there were no active members.

#### **Peace Country Health** Notes to Fluancial Statements March 31, 2009

(In thousands of dollars)

#### 2 Significant accounting policies and reporting practices (continued)

#### e) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and receivables", financial liabilities classified as "other financial liabilities" and financial assets classified as "held to susturity" are measured at assertized cost using the effective interest method.

The Region has classified its financial assets and financial liabilities as follows:

Financial Assets and Liabilities Classification Hold for trading Accounts receivable, contributions receivable Loans and receivables Accounts payable and accrued liabilities, vacation payable Other financial liabilities

The Region does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in pon-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying value of cash, accounts and contributions receivable, non-current receivables, accounts psyable and accrued liabilities, and accrued vacation psyable approximate their thir value because of the short term nature of these items. It is management's opinion that the region is not exposed to significant interest, current or credit risks arising from its financial instruments.

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 2 Significant accounting policies and reporting practices (continued)

#### f) Inventorier

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-fur-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Region adopted this new standard as of April 1, 2006 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost as calculated on a moving average, and not realizable value.

#### g) Capital Assets

Capital assets and capital projects in progress are recorded at cost. Capital assets are amortized on a straight-line basis over the estimated useful life of the asset as follows:

T and in contract	10 25
Land improvements	10 - 25 years
Buildings	20 40 years
Information systems	10 уекга
Major equipment	5 15 years

Capital assets with unit costs less than five thousand dollars are expensed. Capital projects in progress (work-in-progress) are not amortized until the project is complete. Lesses transferring substantially all of the benefits and risks of ownership of capital assets are accounted for as acquisitions of capital assets financed by long-term obligations.

The Region is subject to regulations requiring the requir, removal and disposal of asbestos. The obligation, under these regulations meets the definition of a conditional asset retirement obligation. As a result of the longevity of the Region's facilities, due in part to The Region's maintenance procedures, and the fact that the Region does not have plans for major changes that would require the removal of asbestos, the timing of the removal of asbestos in the Region's facilities is indeterminable as at March 31, 2009. As a result the Region is currently unable to estimate the fair value of its asbestos removal and disposal obligation. Therefore, expenditures are recorded in seconds as they are incurred.

#### b) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. The amounts recorded for amortization of expital assets and amortization of external expital contributions are based on estimates of the useful life of the related assets. Actual results could differ from these estimates.

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 3 Correction of Error

#### a) Prepaid Health Benefits

The Region established a self-insored benefit plan for dental, extended health, and vision care for its employee group in 2006. The plan has accommisted a surplus which is a result of premiums paid being greater that claims submitted. Prior year comparative figures have been adjusted with retroactive effect to include the accumulated surplus less a reserve for traclaimed expenses of the benefit plan.

#### b) Information Systems Amortization

In 2006, the Region implemented a new integrated healthcare information system. The information system was recorded as a Capital Asset, however no amortization was recorded for 2006-07 and 2007-08. Prior year comparative figures have been adjusted with retroactive effect to include the impact of amortization of the information system.

Summary of the changes are as follows:

	2008		-	Resett pies surples		Martinek emerthetion		2008 (resisted)	2007 (mpsemil)	
Assets	3	262,845	8	911	8	(1,944)	8	261,812	3	246,076
Linbillelon Not Assets		362,626 219		911	*	(1,035)		261,717 95		349,380 (3,384)
Total Liebilities and Not Assets	3	262,845	1	911	1	(1,944)	8	261,812	1	246,076
Revenue Expense	8	292,467 288,112	:	365	3	479 1,070	\$	292,946 289,547	5	254,205 268,217
Ensure (Delicinosy) of Roveman over Expanses	5	4,355	5	(365)	1	(591)	3	3,399	3	(12,012)

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 4 Cash

		2009		2008
Cash	\$	30,360	\$	30,902
Classified as				
Current	\$	11,05B	\$	19,361
Non-current		19,302		11,541
	3	30,360	3	30,902

Current cash represents amounts held for working capital purposes. Non-current cash represents amounts externally restricted for capital acquisitions.

#### 5 Non-current receivables

		2009		2008
Other Health Regions Natural Resources Canada	\$	691	3	275
Non-current portion of receivable from physicians		181 20		174
Alberta Health and Wellness Foundations		-		2,912 904
	5	892	3	4,305

The amounts due from Other Health Regions and Natural Resources Canada are for capital acquisitions. The amount due from a physician is related to a loan to a physician for recruitment purposes.

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 6 Capital assets

	Cost										
	Opuning Balance April 1, 2008		Tr	Transfers Additions				persis	Claring Behance Merch 31, 2009		
Land	\$	2,072	5	-	\$		3	-	\$	2,072	
Land Improvements		9,754		443		27				10,224	
Buildings		280,091		1,041		690		-		281,822	
Major Equipment		89,266		891		2,441		(114)		92,484	
Information Systems		9,719				161				9,880	
Work-in-progress		12,999		(2,375)		11,050				21,674	
	3	403,901	\$	-	3	14,369	3	(114)	\$	418,156	

	Accumulated Amortization										
	Opening Balance April 1, 2008				ization on posiis	Closing Balanc March 31, 200					
	(rentm	ted - Note 3)									
Land	S		\$	-	\$	-	\$				
Land Improvements		8,159		226		-	-	8,385			
Buildings		116,062		10,334		-		126,396			
Major Equipment		63,461		6,131		(49)		69,543			
Information Systems		1,944		1,020				2,964			
Work-in-progress				-		-					
	3	189,626	3	17,711	5	(49)	3	207,288			

	Net Book Value							
		2009		2008				
			(resta	ated - Note 3)				
Land	\$	2.072	\$	2,072				
Land Improvements		1.839		1,595				
Buildings		156,656		164,029				
Major Equipment		22.941		25,805				
Information Systems		6,916		7,775				
Work-in-progress		20,444		12,999				
	3	210,868	3	214,275				

#### Peace Country Health Notes to Flancial Statements March 31, 2009

#### (In thousands of dollars)

#### 6 Capital assets (continued)

#### (a) Asset Retirement Obligation

The Region has recorded a tishlity for an asset retirement obligation of \$692 (2008 – ml). The asset retirement obligation represents the legal obligation associated with the removal of asbestos for renovations currently occurring at the Fairview Health Complex. The Region has also identified other asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of the removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

#### (b) Funding

Capital assets have been funded from the following sources;

	_	2009	_	2008
Externally funded - unamortized external capital contributions Internally funded - investment in capital assets Financed by debt Asset retirement obligation	\$	191,231 13,859 5,086 692	s	195,534 13,290 5,451
7130C1 TOTAL CONTROL OF THE PARTY OF THE PAR	3	210,868	3	214,275

#### 7 Deferred contributions

		2009	2008
Alberta Stroke Foundation	3	570	\$ 637
Continuing care grants		960	720
Denations to support delivery of health services		1,126	1,031
Health promotion coordination for health weights		548	483
Hip and Knee		808	-
Impunization Grants		427	407
Mental Health Innovation Fund		786	2,481
Pandersic supplies		1.213	1,213
Primary Care Networks		294	262
Telebealth clinical funding		911	637
Various Other		894	1,006
Total	3	8,537	\$ 8,877

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (in thousands of dollars)

#### 8 Deferred capital contributions

The balance at the end of the year is restracted his the sol	200	9	2008
Improvement of capital assets	\$ 10,13	0 \$	4,283
New construction	7,91	0	9,273
Equipment replacement	2,13	4	2,250
	\$ 20,17	4 3	15,806

#### 9 Long-term debt

	2009		2008
Debenture Martgages payable	\$ 3,062 2,022	\$	3,250 2,166 35
Obligations under capital leases	5,086	-	5,451
Less: corrent portion Non-corrent portion	346 \$ 4,740	\$	5,103

#### Future payments for the year ended March 31:

	Debenture			etgages symble	nader	gations copital pose	_	Tetal
2010		196	3	149	\$	1	\$	346
2011	-	205		154				359
2012		215		159				374
2013		225		164				389
2014		235		169				404
2015 and thereafter		1,986		1,228				3,214
2010 22 1040214	\$	3,062	\$	2,023	\$	1	3	5,086

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (in thousands of dollars)

#### 9 Long-term debt (continued)

The debenture matures in 2021, has an annual rate of 4.6% and is repsyable in blended semi-annual payments

The turns of the mortgages payable are as follows:

Mortgage I is accured by a demand promissory note in the amount of \$2,164, real property with a carrying couragings 1 is societed by a demands proteinstary note in the amount of \$4,100, real property with a carrying value of \$1,670, assignment of insurance on the property and a general security agreement. It is repayable in blended monthly payments of \$15.5, including interest at a rate of Prime + 0.5%, and matures March,

Mortgage 2 is secured by a demand promissory note in the amount of \$350, real property with carrying value of \$499, assignment of insurance on the property and a general security agreement. It is repoyable 2023 value or \$499, mangement or mentance on one property must a general scoreiny agreement. It is repayable in blended monthly payments of \$2.5, including interest at a rate of 5.90%, and matures December, 2023.

The only remaining capital lesse expires in April of 2009. The implicit interest rate payable on this lease is

### **Peace Country Health**

Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 10 Long-Term Employee Benefits

#### (a) Supplementary Retirement Plan

The Region participated in a Supplemental Retirement Plan for a select group of employees. Benefits were based on 2.00% of the member's highest average carnings over a 60 consecutive month period less the average of the maximum pensionable cannings as determined under the provisions of the Local Authorities Pension Plan over the last 60 consecutive month period multiplied by the member's credited

Accrued benefit obligation		2009		2800
Accrued obligation, beginning of year				2009
Current acrvice cost	3	581	\$	
Interest cost		27	3	396
Actuarial loss (gain)		15		60
Benefit payments				23
Accorded obligation		(62)		102
Accrued obligation, end of year	-	(561)	-	-
B	3	-	3	581
Reconciliation of funded status of accrued ber Punded status of plan (deficit)				
Punded status of plan (deficit)	serve nemet / Madelle	y		
Unumortized actuarial loss (min)	\$	-	3	(381)
CHILDREN DESCRIPTION AND ADDRESS OF THE PERSON OF THE PERS			•	(381)
Accrued benefit asset (liability)				-
(emplify)	\$	-	3	-
Current service cost			-	(381)
Interest cost	3	27		
	•		\$	60
Amortization of prior service costs		15		23
Amortization of net actuarial loss (gain) Benefit cost		-		160
SCHOOL COST		(62)		88
	3	20)	\$	331
		- 8		

#### Actuarial Valuation

No valuation was performed at March 31, 2009 as the Supplemental Retirement Plan had no plan members

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 10 Long-Term Employee Benefits (continued)

#### b) Pension Expense

The Region participates in the Local Authorities Pension Plan, which is a multi-employer defined benefit plan. Pension expense in these financial statements is equal to the Region's annual contributions psyable of \$11,713 for the year ended March 31, 2009 (2008 \$10,312).

At December 31, 2008, the Local Authorities Pension Plan reported an actuarial deficiency of \$4,413,971 (2007 \$1,183,334).

#### 11 Accumulated Deficit

The Region has reported an accumulated deficit at each of March 31, 2009 and 2008. Per Alberts Regulation 1595 of the Regional Health Authorities Act, AHS will provide the Minister with a plan, in writing, that is antisfactory to the Minister, to eliminate the net accumulated deficit of all health regions combined, within three years of incurrence.

#### Peace Country Health Notes to Pinancial Statements

March 31, 2009

#### (In thousands of dollars)

#### 12 Contingencies and Commitments

#### Commitments

#### a) Contracts

The Region is committed to several contracts and is required to make the following minimum payments over the next five years:

		Service/ mulnizanane contracts	Spec	ific program	Equips	maget busines	_	Total
2010	3	1,107	\$	8,758	3	333	\$	10,198
2011		867		7,738		223		8,828
2012		754		7,617		84		8,455
2013		567		7,273		9		7,849
2014 and dependen		316		6,797		1		7,114
	3	3,611	3	38,183	3	650	\$	42,444

#### b) Capital Projects

The Region is contractually committed to \$49,016 for capital projects.

#### Centingencies

The Region has a contingent liability in respect of a claim concerning increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filed against the Province of Alberta and the Regional Health Authorities. The total amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied. The outcome of the claim is not determinable and no liability is recorded at this time.

#### 13 Budget

The budget was prepared by management and submitted to the Minister of Health and Wellness on June 19, 2008. Over the course of the fiscal year, the Minister provided additional funding of \$8,834. Management has allocated these additional resources to address funding expectations.

#### Peace Country Health Notes to Financial Statements

March 31, 2009

#### (In thousands of dollars)

#### 14 Alberta Health and Wellness contributions

		2009		2008
Unrestricted contributions	3	242,927	3	237,482
Transfers from deferred contributions		12,953		12,380
Transfers from deferred capital contributions		2,586		317
Primary Care Network Consolidation		682		310
Write-off of ambulance Discovery Project receivable		*		(286)
	3	259,148	3	250,203

#### 15 Other government contributions

Alberta Gerramont	_	2009	_	2008
Fair value of rest for non-ecute ours used by the Region Transition Grant from East Castral Health (Note 20)	\$	755 1,073	5	864
Provincial Cardine Acons		355		23
Provincial Treams Emegency		103		-
Hip and Kram		101		-
Alberta Cancer Board		91		15
Alberts Alcohol and Drug Abuse Commission				23
	3	2,478	3	925

#### 16 Aucillary operations

								2009				2008
	Res	vennes	_	Pirect penses		rtization pense	Re	cess of venues over penses	Re	verties	Re	venues over penses
Perking operations Rental/other operations	\$	363 407	\$	1	3	-	\$	362	\$	348	3	238
Total	\$	770	\$	132	\$	18	\$	619	3	736	2	319 557

Ancillary expenses are reported in Support Services in the Statement of Operations.

#### Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 17 Investment and other income

		2009	_	2008		
Investment income	3	294	8	406		
Grant income		760		681		
Other income	7,808			7,966		
	5 1	8,862		9,053		

Investment income comprises of interest on bank deposits.

Other income comprises recoveries from sources external to the Region for materials, supplies and wages.

#### 18 Related parties

#### a) Province of Alberta

The Region is established under the Regional Health Authorities Act. The Minister of Health and Wellness appoints the board members. The Region is economically dependent upon the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

#### b) Health Regions

The Region and the following transactions with other health regions recorded on the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related parties.

	_	2009										2008				
	R	everue	By	pemae	Rec	onivable	Par	yable	Re	TYRESPR	Be	ense	Rece	eivable	Pa	yable
Other regional health authorities and provincial health boards		2,257														

#### **Peace Country Health**

Notes to Financial Statements March 31, 2009

(In themsends of dollars)

#### 18 Related parties (continued)

#### c) Regional Shared Health Information Program ("RSHIP")

The seven non-metro health regions (list) have entered into an agreement under the name Regional Shared Health Information Program ("RSEIP"), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record ("EHR") initiative.

		2009		2008
AHW Punding	\$	161	3	241
Health region contribution		566		1,537
Total	8	727	\$	1,778
Reported so follows:		_		
Expenses	2	566	\$	800
Capital assets		161		978
Total	3	727	\$	1,778

#### d) Primary Care Networks

The Region's share of the Sexamith, West Peace and Peace River Primary Care Networks are included in the financial statements under the proportionate consolidation method.

	Health region	da 50% ni	berro
		2008	
\$	262	3	-
	714		572
	(682)		(310)
3	294	3	262
	3	2009 \$ 262 714	\$ 262 \$ 714

#### **Peace Country Health**

Notes to Financial Statements March 31, 2009

(In thousands of dellers)

#### 18 Related parties (continued)

#### e) Foundations

The Region has an economic interest in the following Foundations. These Foundations raise funds to benefit The Region and other health related exities and are registered charities under the Income Tax Act:

Beaverlodge Hospital Foundation
Pairview Health Complex Foundation
Crande Cache Hospital Foundation
Crimshaw/Berwyn & District Hospital Foundation
Hythe Nursing Home Foundation
Peace Health Foundation
Queen Blizabeth II Hospital Foundation
Valleyview Health Care Foundation

#### f) Contracts with Health Service Providers

The Region has an economic interest through its contracts with voluntary and private health services providers in the region. Funding was provided as follows:

	_					2009						2008
	Hee	olimitary ith Service roviders		Pete Health Service Providers		Total	Heal	lantary th Service oviders	0.000	uto Haulth		Total
Direct Region familing Fees and charges	3	505	2	8,407 1,756	8	8,912 1,756	8	502	8	6,519	8	7,021
Total	\$	505	\$	10,163	8	10,668	3	502	3	7,966	8	8,468

#### **Peace Country Health**

Notes to Financial Statements March 31, 2009

#### (in thousands of dollars)

#### 19 Trust funds

The Region holds finds in the amount of \$410 (2008 - \$487) on behalf of its continuing care clients, the Queen Elizabeth II Hospital Child Care Centre, Rural Regional Health Authorities, and the Sexamith Primary Care Network. These amounts are not reported in the statements.

	2009	2008
Cancer Care Clinics	33	117
Continuing Care Clients	287	275
QEII Child Care Centre	44	26
Rural Regional Health Authorities	8	43
Sexamith Primary Care Network	38	26
Total	3 410 3	487

#### 20 Transition Costs

As at March 31, 2009, the Region recorded incremental transition costs and restructuring charges related to the transition to Alberta Health Services consisting of severance costs and termination benefits (Schedule 2). These charges are included in Administration in the Consolidated Statement of Operations.

		versuce ed Charges		Other	Total		
Liability so at March 31, 2008	8	321	8	-	\$ 321		
Expenses		683		84	767		
Payments made during the year		(1,004)		(84)	(1,088)		
Liability as at March 31, 2009	3	-	3	*	\$		
Unfinded SRP	3	306	8	-	\$ 306		

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of Alberta Health Services transitioning and the Region has received a receivable from East Central Health for the transition costs incurred as described above.

## Peace Country Health Notes to Financial Statements March 31, 2009

#### (In thousands of dollars)

#### 20 Transition Costs (continued)

Unfunded SRP – The transition grant restrictions include payments for the unfunded status of the Region's Supplemental Retirement Plan. The Region has also recorded a current receivable from East Central Health for the amount of any lump sum payments during the year as a part of the termination package.

#### 21 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of the health services delivery system in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board, and Alberta Alcohol and Drug Abuse Commission (AADAC). Effective April 1, 2009, all of these existies including the Region but excluding Bast Central Health will be disestablished and all of the assets, liabilities, rights, and obligations of these existies, including the Region, will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

#### 22 Comparative figures

Curtain 2008 figures have been reclassified and restated to conform to 2009 presentation.

#### 23 Approval of financial statements

These financial statements have been approved by the Alberta Health Services Board.

# Peace Country Health Schedule of Expenses by Object March 31, 2009

(in thousands of dollars)

Treatment of breaking	areal of arminism	Loss on disposal - 14	Facilities and improvements - externally funded 8,300 10,354	Facilities and improvements - internally funded 200 206	Capital equipment - externally funded 4,200 6,189	Capital equipment - internally funded 1,200 962	Amortization:	Other * 40,560 42,362	Interest on long-term debt 250 256	Other contracted services 19,440 23,066			Contracts with health service providers (Note 18) 9,500 10,668	Salaries and Benefits (Schedule 2) \$ 218,300 \$ 211,625	(Note 13)	Budget Actual	2009	
69		42	-42	5	•	2		2	55	5	O.	2	90	5	(restate			
2	- (1,200)		54 8,318		89 4,667			62 40,353	56 288		45 6,149		68 8,468	25 \$ 196,188	(restated - Note 3)	Actual	2008	2000

	Other	Utilities	Recruitment and relocation	Food supplies	Equipment expenses	Diagnostic and therapeutic supplies	<b>Building and Grounds Maintenance</b>	Other: Significant amounts include		
69							69		_	
40,560	17,127	5,547	3,034	2,353	6,524	3,125	2,850		Budget	2
69							69			2009
42,362	14,439	6,176	2,341	2,651	7,430	3,658	5,667		Actual	
69							69			
40,353	15,501	5,496	3,707	2,422	6,500	3,473	3,254		Actual	2008

Schedule 2

Peace Country Health Schedule of Honoraria, Benefits, Allowances, and Severance March 31, 2009

				2	009				200	8
	Number of FTE's . (1)	Base Salary	Other Cash Benefits (3)	Other Non Cash Benefits (4)(11)	- Sub Total	Number of Individuals	Severance (3)	Total	Number of FTE's (1)	Total
Beard Chair <sup>(6)</sup>										
Ken Hughes - AHS	0.88	\$ -	\$ -	\$ -	\$ -	- \$	- 5		- \$	
Marvin Moore	0.12	-	9		9			9	1.00	52
Board Members (6)										
Jack Ady - AHS	0.88	-		-	-	-		-	-	
Pierre Crevolin - AHS	0.21	-		-		-		-		
Catherine Roozen - AHS	0.63	-			-			-		
Linda Hobol - AHS	0.88	-			-			-		
John Lehners - AHS	0.88								-	
rene Lewis - AHS	0.88			-		-	-			
Oon Sieben - AHS	0.88					-		-		-
Lori Andreschuk - AHS	0.33	-			-			-		
Gord Bontje - AHS	0.33				-	-	-	-	-	-
Teri Lynn Bougie - AHS	0.33	-				-	-		-	-
im Clifford - AHS	0.33						-		-	
Strater Crowfoot - AHS	0.33	-			-		-	-		
Tony Franceschini - AHS	0.33	-				-				
Andreas Lanpacis - AHS	0.33			-				-		
Gord Winkel - AHS	0.33	-				-				
Jandia Buck	0.12		6		6		-	6	1.00	17
Dennis Grant	0.12		6	-	6			6	1.00	13
Delphine Harbourne	0.12		4		4	-		4	1.00	16
Andre Harpe	0.12	-	6	-	6	-	-	6	1.00	19
Ailton Hommy	0.12		5		5			5	1.00	15
Vayne Jacques	0.12	-	5	-	5	-		5	1.00	10
lose Kasinec	0.12		3	-	3	-	-	3	1.00	14
letty Kruse	0.12	-	5		5	-	-	5	1.00	20
awrence Meardi	0.12		2		2	-		2	1.00	12
ean Rycroft	0.12	-	5		5			5	1.00	14
Marie Saville	0.12	-	6		6	-		6	1.00	16
Brenda Strom	0.12		11	_	п	-	-	11	1.00	18
Sub-total	10.32	\$ -	\$ 73	\$ -	\$ 73	- \$	- \$	73	13.00 \$	236

# Peace Country Health

Schedule of Honoraria, Benefits, Allowances, and Severance March 31, 2009 Schedule 2 (continued)

				2	009				200	8
	Number of FTE's (1)	Base Salary	Other Cash Benefits (3)	Other Non Cash Benefits (4)(11)	- Sub Total	Number of Individuals	Severance (3)	Total	Number of FTE's	Total
Board Direct Reports (7)										
President and Chief Executive Officer - AHS (8)	0.02	s -	s -	s -	s -	-	5 - 5		- \$	
Interim Chief Executive Officer - AHS (8)	0.88						-			
Chief Executive Officer (909)	0.27	65	35	-	100	1.00	485	585	1.00	360
Medical Officer of Health	1.00	304			333	-		333	1.00	321
Senior Capital Projects Manager	0.46	91	17		141	1.00	104	245	1.00	380
CEO Direct Reports (18)										
Vice President, Health Services (Urban)	1.00	187	18	35	240	-	-	240	1.00	223
Vice President, Health Services (Rural)	1.00	187	18	31	236	-		236	1.00	223
Vice President, Medical & Legal Services	1.00	187	18	20	225	-	-	225	1.00	226
Vice President, Finance & Corporate Services	0.79	147	18	-	165	1.00	94	259	0.83	194
Chief Information Officer	1.00	135	-	15	150	-	-	150	1.00	148
Vice President, Regional Health Services	-	-	-	-		-	-	-	0.25	161
Vice President, Medical Affairs	-	-	-	-	-	-	-	-	0.00	142
Organizational Change Consultant	-	-	-			-		-	0.38	61
	7.42	1,303	124		1,590	3.00	683	2,273	8.46	2,439
otal Board and Executive	17.74	\$ 1,303	\$ 197	\$ 163	\$ 1,663	3.00	\$ 683 3	2,346	21.46 \$	2,675
Board and Executive	17.74	\$ 1,303	\$ 197	\$ 163	\$ 1,663	3.00	\$ 683 \$	2,346	21.46 \$	2,675
Management reporting to CEO direct reports	8.00	1,075	26	194	1,295	-	-	1,295	7.58	1,160
Other management	103.08	10,003	191	1,817	12,011	-	-	12,011	109.41	12,424
Regulated nurses not included above*										
- RNs, Reg. Psych. nurses, Grad nurses	552.82	46,914	5,764	8,735	61,413		-	61,413	566.67	59,531
- LPNs	210.81	12,417	792	2,181	15,390	-		15,390	219.28	14,242
Other health technical & professionals	531.88	36,039	5,377	7,603	49,019		-	49,019	504.35	42,812
Juregulated health service providers	333.97	14,681	367	2,352	17,400	-	-	17,400	328.84	15,390
Other staff	910.03	44,014	1,315	8,090	53,419	-	-	53,419	900.45	48,791
Grand Total (II)	2668.32	\$ 166,446	\$ 14,029	\$ 31,135	\$ 211,610	3.00	\$ 683 5	212,293	2658.04 \$	197,025

## Peace Country Health

Schedule 2

Schedule of Honoraria, Benefits, Allowances, and Severance... Continued For the year ended March 31, 2009

(in thousands of dollars)

- Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total
  actual discrete number of individuals employed: 4,891 (2008 4,127). "Discrete" number of individuals refers to all
  employees who were in the system during the fiscal year.
- (2) Base salary includes pensionable bean pay.
- (3) Other cash benefits include bonuses, overtime, keep sum payments and honoraria.
- (4) Other non-cash benefits include:
  - a) Employer's current and prior service cost of supplementary retirement plans per usts (12) below.
  - b) Share of all employee benefits and contribution or psymonts made on beind of employees including pession, health care, dental coverage, vision coverage, out-of-country metional benefits, group life increasion, accidental disability and dismemberment increment, long and short term disability plans, Causdia Pennion Plan, Breployeaux Insurance, and Worker's Compensation Board premium ser.
- (5) Severance includes direct or indirect payments to infividuals upon termination, which are not included in other benefits.
- (6) On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberts Health Services ("ABS") interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salarine and benefits of the AFS board members are reported and disclosed in the financial seatments of East Central Health.
- (7) Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- (8) On July 8, 2008 the Region's CEO was terminated. The Interior CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial bearts and Alberts Alcohol and Drug Abase Commission and to effect their transition to a single provincial health suthority. Salary and bunefits of the Interior CEO AHS are reported and disclosed in the financial attemments of East Central Health. The President and CEO AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO AHS are reported and disclosed in the financial attemments of East Central Health.
- (9) The Chief Executive Officer is provided with an automobile allowance. The amount of the allowance is included in other cash benefits.
- (10) CEO Direct Reports reflect FTE's and costs for the 08-09 flaval year based on the titling and positioning that existed at July 8, 2009.

## **Peace Country Health**

Schedule 2

Schedule of Honoraria, Benefits, Allowances, and Severance... Continued For the year ended March 31, 2009

(In thousands of dollars)

## (11) Supplementary Retirement Plan (SRP)

Under the terms of the supplementary retirement plan, executive officers may receive supplemental retirement psyments. Retirement acrangements costs as destiled below are not cash psyments in the period but are the period expense for rights to future compensation. Casa shows reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SRP provides future pension benefits to participants based on years of service and earnings.

			2	009			2	2008
	-	errent ce Cost	Secr	rior sice and r Costs	7	Cotal		Cotal
Expensed to Operations Chief Executive Officer Retired Members Vice President, Medical	3	10	\$	(49)	\$	(39)	\$	33
Affhirs	_	10		(54)		(44)		142
Included in Capital Assets Senior Capital Projects Manager		17		7		24		136
	3	27	3	(47)	3	(20)	1	331

The served obligation for each executive under the SERP is outlined in the following table:

	Ma	crued igntion reh 31, 1886		rage is crued lgetion		onelli ymowts	obli	eraed Ignifica rek 31,
Chief Executive Officer Senior Capital Projects Manager	3	73 248	3	(39)	2	(34) (272)	\$	•
Retired Members Vice President, Medical Affirs		260		(5)		(255)		
	\$	581	3	(20)	3	(561)	3	

Schedule 2

Schedule of Honoraria, Benefits, Allowances, and Severance... Continued For the year ended March 31, 2009

(in thousands of dollars)

Based on future SERP compensation benefits described above, the following schedule outlines pension income received by individuals within the 2008-09 fiscal period:

Name	Pension	Frequency	Term
	Income		
Chief Executive Officer	34	Lump Sum One Time	One Time
Senior Capital Projects Manager	272	Lump Sum	One Time
Retired Members			
Vice President, Medical Affairs	255	Cump Sum	One Time

# (12) Schedule 2 Grand Total Salaries and Benefits

Total on Schedule 2 Salaries & Benefits includes salary and benefits expense to operating and capital. Breakdown by Schedule 2 category as follows:

Total as per Schedule 2	Expensed to Operations Expensed to Capital	
6	%	1
212,293	\$ 211,625 668	2009
S	69	1
197,025	196,188 837	2008

# NORTHERN LIGHTS HEALTH REGION FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management Responsibility

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefits

# NORTHERN LIGHTS HEALTH REGION MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING FINANCIAL STATEMENTS MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been approved by senior management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes to review internal controls. This system offers management reasonable assumance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded. The Region has established a code of ethics and corporate directives, which include communication of the code to employees.

The Region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed] [Original signed] [Original signed]

Dr. Stephen Duckert" Chris Mazurkewich" Gill Danby"

Chief Executive Officer AHS—Chief Financial Officer Chief Financial Officer



## **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have audited the statement of financial position of the Northern Lights Health Region (the Authority) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cath flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn] FCA Auditor General

Edmonton, Alberta June 11, 2009

## NORTHERN LIGHTS HEALTH REGION STATEMENT OF FINANCIAL POSITION March 31, 2009

(in thousands)		
	2009	2008
	Actual	Actual
ASSETS		
Current:		
Cash, cash equivalents and investments (Note 3)	\$ 54,315	\$ 34,550
Accounts receivable	6,626	8,226
Contributions receivable from Alberta Health and Wellness	212	1,747
Inventories	1,148	997
Prepaid expenses	487	634
	62,788	46,154
Non-current cash, cash equivalents and investments (Note 3)	37,726	39,160
Capital assets (Note 4)	106,272	85,900
Other assets		68
TOTAL ASSETS	\$ 206,786	\$ 171,282
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	\$ 22,409	\$ 14,617
Accrued vacation pay	3,911	3,554
Deferred contributions (Note 5)	6,766	6,851
D. C 1	33,086	25,022
Deferred contributions (Note 5)	-	70.774
Deferred capital contributions (Note 6)	37,722	39,224
Unamortized external capital contributions	85,786	78,240
	156,598	142,490
Net assets		
Accumulated surplus	29,703	21,129
Investment in capital asaets	20,486	7,660
Cumulative net unrealized (losses)/gains on investments	(1)	3
Operating net assets	50,188	28,792
Commitments and contingencies (Note 8)		
TOTAL LIABILITIES AND NET ASSETS	\$ 206,786	\$ 171,282

# NORTHERN LIGHTS HEALTH REGION STATEMENT OF OPERATIONS For the Year Ended March 31, 2009 (in thousands)

		Actual	Actual
Revenue	(Note 9)		
Alberta Health and Wellness contributions (Note 10)	\$ 151,866	\$ 153.301	\$ 143.111
Other government contributions (Note 11)			
Fees and charges	11,457	12.247	9.495
Ancillary operations (Note 12)	1,290	1,689	1,219
Donations	1,533	952	802
Investment and other income (Note 13)	2,915	2,585	2,666
Amortized external capital contributions	8,155	6,744	6,468
TOTAL REVENUE	179,468	180,818	166,282
Expenses (Schedule 1)			
Inpatient acute nursing services	40,323	36,704	31,076
Emergency and outpatient services	19,485	16,124	11,330
Facility-based continuing care services	8,961	88 8,3	5,801
Community-based care	5,467	4,906	4,820
Home care	5,476	4,224	3,555
Diagnostic and therapeutic services	27,829	25,370	21,648
Promotion, prevention and protection services	12,162	10,480	8,723
Administration	17,005	15,404	13,077
Information technology	6,438	6,355	6,049
Support services	30,639	29,690	25,064
Amortization of facilities and improvements	5,632	4,197	4,001
TOTAL EXPENSES	179,417	161,842	135,144
Excess of revenue over expense	\$ 51	\$ 18,976	\$ 31,138

## NORTHERN LIGHTS HEALTH REGION STATEMENT OF CHANGES IN NET ASSETS

# For the Year Ended March 31, 2009 (in thousands)

		2009		 	2008
	 cumulated surplus	 estment in ital assets	Cumulative net unrealized gains/(losses) on investments	Total	Total
Balance at beginning of year	\$ 21,129	\$ 7,660	\$ 3	\$ 28,792	\$ (2,349)
Excess of revenue over expense	18,976	•	•	18,976	31,138
Capital assets purchased with internal funds	(11,560)	11,560	-	- 2.424	-
Externally-funded land purchase transfer  Amortzation of internally funded capital assets	1,092	2,424		2,424	
Loss on disposal of internally funded capital assets	66	(1,092) (66)	-	-	
Cumulative net unrealized (losses)/gains on investments					
Unrealized gains and losses on available for sale financial assets arising during the year	-	-	(4)	(4)	-
Reclassification adjustments for gains and losses included in excess of revenue over expense	-	-	-	-	3
Balance at end of year	\$ 29,703	\$ 20,486	\$ (1)	\$ 50,188	\$ 28,792

## NORTHERN LIGHTS HEALTH REGION STATEMENT OF CASH FLOWS For the Year Ended March 31, 2009

	-				
in i	m,	4900	1980	204	te

	Budget	Actual	Actual
Cosh generated from (used by):			
Operating activities:			
Excess of revenue over expenses	\$ 51	\$ 18,976	\$ 31,138
Non-cash transactions:			
Unrealized loss on investments		(4)	
Amortization (Schedule 1)	10,204	7,373	7,322
Amortized external capital contributions	(8,155)	(6,744)	(6,468)
Loss on Disposal of Capital Assets - Internal	-	66	
- Euternal		463	-
Changes in non-cash working capital account	(1,087)	11,195	2,022
Cash generated from operations	1,013	31,325	34,014
lovesting activities:			
Purchase of capital assets:			
Internally furded - equipment	(500)	(4,443)	(1,192)
Internally funded - facility and improvements	(15,790)	(7,117)	(2,474)
Extermily funded - equipment	(2,000)	(3,333)	(5,787)
Externally funded - facility and improvements	(38,348)	(13,381)	(2,683)
Allocations to (from) non-current cash, cash equivalents and suvestments	17,586	1,434	(34,373)
Allocations to (from) long term receivable	(2,432)	68	3,307
Increase (decrease) in long term portion of deferred non-capital contributions	(4)	-	3
Cash used by investing activities	(41,488)	(25,772)	(43,199)
Financing activities:			
Capital contributions received	25,198	15,212	39,535
Principal payments on bank to an	-	-	(120)
Cash generated from financing activities	25,198	15,212	39,415
Increase (decrease) in current cash, cash equivalents and investments	(15,277)	19,765	30,230
Current cash, cash equivalents and investments, beginning of year	32,784	34,550	4,320
Current cash, cash equivalents and investments, and of year	\$ 17,507	\$ 54,315	\$ 34,550

The accompanying notes and schedules are part of these financial statements.

## NORTHERN LIGHTS HEALTH REGION NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2009

(in thousands)

## Note 1 Authority, Purpose and Operations

Northern Lights Health Region ("the Region") was established June 24, 1994 under the Alberta Regional Health Authorities Act, is a registered charity under the Income Tax Act and exempt from payment of income tax. Effective April 1, 2009 the Region will be disestablished and all the assets and liabilities will be transferred to Alberta Health Services.

The Region delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

The Region's operations include the following facilities and sites:

Northern Lights Regional Health Centre Northern Lights Public Health (Pt. McMurray) Northwest Health Centre St. Theresa General Hospital Rainbow Lake Health Centre La Crete Health Centre Paddle Prairie Health Centre Pt. Vermillion Health Centre

Zama City Nursing Station

La Crete Continuing Care Centre

The financial statements do not include the assets, liabilities and operations of private facilities providing health services in the region, except as disclosed in Note 14.

## Note 2 Significant Accounting Policies and Reporting Practices

## (a) Busis of Presentation

- (1) The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Financial Directive 34.
- (2) These financial statements were prepared on a consolidated basis and include the

Wood Buffalo Primary Care Network Northwest Primary Care Network

The Region uses the proportionate consolidation method to account for its 50 % interest in each of the listed Primary Care Networks.

- (3) These financial statements use the deferral method, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.
  - (ii) Restricted non-capital contributions are recognized as revenue in the year in which the related expenses are incurred.
  - (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as reverue in the period the related amortization expense of the capital asset is recorded.
  - (iv) Endowments and restricted contributions to perchase capital assets that will not be amortized are treated as direct increases to per assets.
  - (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on available-for-sale financial assets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Pinancial Position. Unrealized gains and losses on held-for-tracing financial assets are included in investment income and recognized as revenue in the Statement of Operations, deferred or reported directly in net assets, depending on the nature of any external restrictions imposed on the investment income. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

## (b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 of the CICA Handbook. For operating purposes, the Region defines capital as including working capital and unrestricted net assets. For capital purposes, the Region defines capital as including deferred capital contributions, unamortized external capital contributions, and investment in capital assets.

The Region's objectives for managing capital are:

 In the short term to safeguard the Region's financial ability to continue to deliver health services; and

## Note 2 Significant Accounting Policies and Reporting Practices (continued)

 In the long term to plan and to build sufficient physical capacity to meet future meeds for health services.

The majority of the Region's operating funds are from Alberta Health and Wellness which is paid on the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

Afberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants. The Region borrows to finance capital investments related to mcillary operations since Alberta Health and Wellness does not fund ancillary operations.

### (c) Full cost

The Region accounts for all costs of services for which it is responsible. Fair value transactions comprise:

- (i) Revenue that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges and as the Region's contracted health service expense.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as they represent part of the Region's health program costs.
- (iii) Fair value to use acute care facilities not owned by the Region is recorded as other government contributions or donations, and as program expense, since the Region's contract payments do not include amounts for use of these facilities.
- (iv) Fair value to use non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services a health region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers' contributed services are not reported because a fair value cannot be reasonably determined.

## (d) Employee Future Benefits

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees based on years of service and earnings. Defined contribution plan accounting is applied where there is insufficient information to apply defined benefit plan accounting.

Pension costs comprise the employer's contributions for its employees during the year, based on rates expected to provide benefits payable under the pension plans. The Region does not record its portion of the plan's deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. The Region's policy is for the plan to be fully funded based on the annual plan valuation. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. As at March 31, 2009 the plan is fully funded.

## (e) Investments

Investments are accounted for in accordance with the accounting policies occuribed in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted for using trade-date accounting.

## (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial sesets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest meeting.

## Note 2 Significant Accounting Policies and Reporting Practices (continued)

The Region has classified its financial assets and financial liabilities as follows:

Financial Assets and Liabilities
Cash and cash equivalents
Lovestments
Accounts receivable, contributions receivable
Accounts payable and accrued liabilities

Classification
Held for trading
Available for sale
Loans and receivables
Other financial liabilities

The Region does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hodges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying values of current cash and cash equivalents, accounts receivable, contributions receivable from Alberta Health and Wellness, and accounts payable approximate their fair value because of the short-term maturity of these items. It is management's opinion that the Region is not exposed to significant interest rate, currency, credit or market risks arising from its financial instruments.

## (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The region adopted this new standard as of April 1, 2006 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as weighted average cost) and net realizable value.

## (h) Capital Assets

Capital assets and work in progress are recorded at cost and amortized over their estimated useful lives on a straight-line basis as follows:

	Useful Life
Buildings	40 years
Land improvements	20 years
Building service equipment	20 years
Vehicles and equipment	5-20 years

Capital assets with unit costs less than five thousand dollars are expensed. Work in progress is not amortized until the project is complete. Leases transferring substantially all benefits and risks of capital asset ownership are reported as capital asset acquisitions financed by long-term obligations.

## (i) Measurement Uncertainty

The financial statements, by their mature, contain estimates and are subject to measurement uncertainty. Useful life of capital equiposent, salary and vacation pay liabilities and the accrued benefit asset of the Supplementary Retirement Pension are subject to measurement uncertainty. Actual results could differ from estimates.

## Note 3 Cash, cash equivalents and investments

	20	09	20	80
	Fair Market Value	Cont	Fair Market Value	Cost
	Value	CORT	V MILLIC	Cont
Cash	\$ 55,730	\$ 55,730	\$ 57,915	\$ 57,915
Guaranteed Investment				
Certificates	453	453	152	152
Bankers Acceptance	35,858	35,859	15,643	15,640
Total	\$ 92,041	\$ 92,042	\$ 73,710	\$ 73,707
Classified as:				
Current	\$ 54,315	54,316	\$ 34,550	\$ 34,547
Non-Current	37,726	37,726	39,160	39,160
Total cash and investments	\$ 92,041	\$ 92,042	\$ 73,710	\$ 73,707

## Note 3 Cash, cash equivalents and investments (continued)

- a) Guaranteed Investment Certificates maturing on September 3<sup>rd</sup>, 2009 are guaranteed by the Canada Deposit Insurance Corporation and bear interest at 4.14% paid annually. The effective yield for GIC's is 4.14%.
- b) To optimize returns at an acceptable risk level, management has established a policy asset mix of 100% for fixed-income instruments and 0% for equities. Risk is reduced through diversification.
- c) Fixed-income instruments are invested as follows:

	Weighting	Effective Yield	Maturity
Banker's Acceptance Note	98.8%	0.43%	April 13, 2009
GIC's	1.2%	4.14%	September 3, 2009

## Non-current cash and investments represent the following:

	2009	2008
Externally restricted for capital acquisition	\$ 37,722	\$39,224
Less: Capital contributions receivable		(68)
Externally restricted for specialized training	4	4
	\$ 37,726	\$ 39,160

## Note 4 Capital Assets

### Cont

Capital Asset		Opening Balance April 1, 2008		Additions		Disposals		ng Balance h 31, 2009
Land	\$	1,100	\$	2,424	\$	-	\$	3,524
Site Improvements		5,116		1,128		14		6,230
Buildings		97,046		15,002		13		112,035
<b>Building Service Equipment</b>		21,002		1,603		99		22,506
Equipment		39,703		7,776		3,000	-	44,479
Construction in Progress		4,122		341		-		4,463
	s	168,089	\$	28,274	\$	3,126	S	193,237

## Note 4 Capital Assets (continued)

	Opening Balance April 1, 2008	Current year amortization net of disposals	Closing Balance	Net Book Value 2009	Net Book Value 2006
and Site Improvements Suildings Suilding Service Equipment Equipment	\$ 4,239 42,165 12,115 23,670	\$ 98 3,215 782	\$ 4,337 45,380 12,897 24,351	\$ 3,524 1,893 66,655 9,609 20,128 4,463	16,033
Construction in Progress	\$ 82,189	\$ 4,776	\$ 86,965	\$ 106,272	\$ 85,90

# Capital savets were funded from the following sources: 2009 2008 \$85,786 \$78,240 Resternally funded (unamorrized external capital contributions) 20,486 7,660 Internally funded (inverted in capital assets) \$106,272 \$85,900

## Note 5 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

		009	2	008
Current	5	330	8	774
Restricted Specialist On Call	-	553		560
Descripted Continuing Care Initiatives		155		371
The second of th		482		397
		117		241
Restricted Imnovation Immunitations is the		50		76
		23		196
Destricted MHIF Mental Wellness Addisons		44		116
Property Ground Ambulance		134		104
Descripted Alberta Telestroke Program		-		49
Restricted Young Family Welliams		61		79
				6
The Charles Beginty Transition Support		26		43
Restricted Rainbow Lake Children I bichicaria				233
Restricted Numee Health		645		645
Pandarnic Supplies		93		160
Restricted Alberta Health - Other		468		*
R SHIP		144		
Modified Work Program		44		61
Children's Mental Health		1,218		992
Alberta Stroke Strategy		354		120
a m malahaaleh Initiative		69		136
Cardiac Access - Wait Time Management		37		62
Periodring Water Systems		54		28
UCA . In Service Training		259		259
Colonectal Cancer Screening		312		105
Hip & Knee Replacement		118		119
Back & Spine Care		6		64
Walles		504		649
Wand Buffalo Primary Care Network		327		*
Northwest Primary Care Network		139		206
Restricted - Other	-	\$ 6,766		6,851
		4	_	4
Non-corrent		\$ 6,770		\$ 6,855
Total				

## Note 6 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

The balance at the end of the year is resultant to	20	09	2	008
	3	96	S	65
Equipment replacement	12	2.060	1	13,180
Improvement of capital assets	-	5,662	5	25,979
New construction	_	7,722	\$	39,224

## Note 7 Long-Term Employee Benefits

## (a) Supplementary Retirement Plan

The Region participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees based on years of service and earnings. For further discussion, see Note 2(d). The Region provides a defined benefit Supplementary Retirement Plan to senior executives (SRP). SRP is fully funded as at March 31, 2009. Information related to the SRP defined benefit plan, based on actuarial estimations as at March 31, 2009 is as follows:

	2009	2006
Accraed beacht obligation		
Accrued benefit obligation, beginning of year	\$ 527	\$ 399
Current service cost	44	62
Interest cost	29	24
Actuerial loss (gain)	(25)	48
Benefit payments	(19)	(6)
Accrued obligation, end of year	\$ 556	\$ 527
Reconciliation of funded status of accrued benefit seet / liability		
Punded status of plan (deflicit)	43	(65)
Unrecognized actuarial loss	106	126
Unrecognized initial obligation	142	161
Accrued benefit asset (liability)	\$ 291	\$ 222
Current service cost	44	62
Interest cout	29	24
Actual return on assets	3	(6)
Amortization of prior service costs	18	18
Actuarial loss (gain) in year	(25)	48
Difference between expected and actual return on assets	(17)	(5)
Difference between recognized and actual actuarial loss (gain)in year	37	(42)
Benefit cost	\$ 89	\$ 99
Significant ectuarial assessations are as follows:		
Discount rate	6.20%	5.20%
Expected average remaining service life of employees	12 years	12 years
Salary increase	4.00%	3.50%
The above information is based on the actuarial valuation performed as at h	March 31, 2009.	
Plun Assets ( held by trustee )		
Employer contributions -fair value of assets at March 31	283	230
Plan Assets ( held by Canada Revenue Agency )	014	
Employer contributions paid as refundable taxes	316 \$ 599	\$ 462
Total plan assets	3 399	3 402
Funded status of the plan	\$ 43	\$ (65)

## Note 7 Long-Term Employee Benefits (continued)

## (b) Pession Expense

Pension expense in these financial statements is equal to the Region's annual contributions payable and is comprised of the following:

	 2009	 2008
Local Authorities Pension Plan Defined contribution pension plans Supplementary Retirement Plan	\$ 4,736 166 44	\$ 3,300 134 62
	\$ 4,946	\$ 3,496

At December 31, 2008 the Local Authorities Pension Plan reported a deficiency of \$4,413,971, (2007 deficiency of \$1,183,334).

## Note 8 Commitments and Contingencies

## a) Commitments

The Region is committed under contracts for service contracts, capital construction and leases until 2017 for the following payments:

Year	Amount
2010	\$ 6,359
2011	1,90#
2012	1,266
2013	759
2014	360
Thereafter	 419
	\$ 11,071

## b) Legal

In the ordinary course of operations, various claims and lawsuits are brought against the Region. While it is not possible to estimate the ultimate liability with respect to pending litigation, the Region believes there will be no material adverse effect on the financial position of the Region.

## Note 9 Budget

The budget was approved by senior management and submitted to the Minister of Health and Wellness on June 4,2008.

## Note 10 Alberta Health and Wellness Contributions

	2009	2008
Unrestricted contributions	\$ 147,817	\$ 139,451
Transfers from deferred contributions	5,484	3,660
	\$ 153,301	\$ 143,111

## Note 11 Other Government Contributions

		2009		2008	
Alberta Government					
Transfers from deferred contributions	\$	1,042	\$	1,173	
Transition grant from East Central Health Region (Note 17)		608			
Other Government	_	1,650		1,348	
	\$	3,300	\$	2,521	

## Note 12 Ancillary Operations

	_	2009					2008					
	Re	e vebue		Direct spenses		ization ense	(Del	xoess ficiency) tevenue Expense	Re	vence	(Del	ixcess ficiency) Revenue Expense
Parking operations	8	288	3	-	3		3	288	\$	279	\$	275
Non-patient food services		629		610		-		19		567		2
Sale of goods and services		367		280				87		208		(21)
Rental operations		403		276		54		73		161		(427)
Other		2		671		-		(669)	_	4		(460)
Total	\$	1,689	\$	1,837	\$	54	3	(202)	3	1,219	\$	(631)

Ancillary expenses are reported as support services in the Statement of Operations.

## Note 13 Investment and other income

		2009	2006
Investment income	\$	1,035	\$ 1,063
Transfers from deferred contributions		111	92
Other income:			
Immunization recoveries		114	106
Other recoveries		1,325	1,405
	3	2,585	\$ 2,666

Investment income comprises interest, dividends, amortization of discounts (premiums) and net gains on disposal of investments.

## Note 14 Reinted Parties

## (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints members of the Alberta Health Services Board. The Board is economically dependent on the Ministry of Health and Wellness since the viability of its operations depends on contributions from the Ministry.

The Region had the following transactions with other health regions recorded on the Statement of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

				2	009							2	008			
	R	PACHE .	8	фенас	Re	uzivable	Pag	public	Re	venue	Ea	-	Re	ceivable	B	ymble
Other regional health undescribles stall	8	1,667	8	1,291	S	1,601	8	59	8	270	8	123	8	1,149	S	343
THE RESERVE OF THE PARTY OF THE																

# (h) Regional Shared Health Information Program (RSHIP) The seven non-metro health regions:

David Thompson Health Region	Chinook Regional Health Authority
Peace Country Health Region	East Central Health Region
Aspen Health Region	Palliser Health Region
Northern Lights Health Region	

have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a co...mon, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative.

## Note 14 Related Parties (continued)

	_ 2	2009		2008
AHW Punding	\$	462	\$	473
Health Region contribution		432		538
Total	\$	894	S	1,011
Reported as follows:				
Expenses	\$	863	\$	1,011
Capital assets		31		-
Total	S	894	\$	1,011

## (c) Primary Care Networks

The Region's share of the Wood Buffalo & Northwest Primary Care Network is included in the financial statements under the proportionate coasolidation method.

		Region's	50 % abore				
		2009	1	2008			
Opening Balance	\$	649	5	644			
Custributions from AHW		1,100		900			
Amounts recognized as revenue		(918)		(895)			
Amount deferred	S	831	\$	649			

## (d) Foundations

The following controlled foundations are not consolidated in these statements:

Northern Lights Regional Health Foundation - The Region significantly influences the Northern Lights Regional Health Foundation through its representation on the Board of Directors.

	2009	2008		
Assets	\$ 4,522	\$ 3,746		
Liabilities	3,178	1,576		
Net assets	\$ 1,344	\$ 2,170		
Revenue	\$ 2,313	\$ 5,039		
Expenses	1,382	4,569		
Excess of revenue over expense	\$ 931	\$ 490		

## Note 14 Related Parties (continued)

Northwest Health Foundation - The Region significantly influences the Northwest Health Foundation through its representation on the Board of Directors.

Assets Liabilities	s	2009 84 45	\$	2008 22 1
Net assets	\$	39	\$	21
Revenue Expenses	S	147 124	s	28 25
Excess of revenue over expense	\$	23	\$	3

	Co	stributions receiv			Restagges held by Frandation At Mirch 31, 2009				
Northern Lights Regional Health Foundation	\$	2009	\$	3,705	Extensi	ly Restricted	1 2	Jorestricted 3,178	
Northwest Health Foundation	-	45	*	-		1		38	
Net assets	\$	736	5	3,705	\$	1,244	\$	3,216	

Resources of the Northern Lights Regional Health Foundation amounting to \$1,243 have been restricted for the exclusive use within the Regional Municipality of Wood Buffalo.

## (e) Contracts with Health Service Providers

The Region has an economic interest through its contracts with private health service providers in the region. Funding was provided as follows:

	2009	2006
Direct Region funding	\$10,132	\$7,627
Direct AHW funding	233	58
Pees and charges	-	-
Full cost adjustments	-	-
Total	\$10,365	\$7,685

## Note 15 Trust Funds

The Region receives funds in trust from Continuing Care residents for Continuing Care accommodation fees and incidental costs. These amounts are not reported in the statements. At March 31, 2009, the balance of funds held by the Region is \$144.

## Note 16 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health services delivery in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission. Effective April 1, 2009, all the entities including the Region but excluding East Central Health will be disestablished and all the assets, liabilities, rights and obligations of these entities including the Region will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

## Note 17 Transition Costs

As at March 31, 2009, the Region recorded transition costs and restructuring changes in the Statement of Operations. The charges consist of severance costs and termination benefits, professional services, consulting costs and other applicable transition expenses. In the Statement of Operations, these charges are included in Administration, Support Services and Information Technology.

	Severance- Related Charges	Other Charges	Total
	(	thousands of dollars)	
Liability as at March 31, 2008	s -	\$ -	\$ -
Re ucturing charges	573	35	608
Payments made during the year	(573)	(35)	(608)
Liability as at March 31, 2009	\$ -	S -	\$ -

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of Alberta Health Services transitioning and the Region has recorded a receivable from East Central Health for the transitioning cost incurred as described above.

## Note 18 Comparative Figures

Certain 2009 figures have been reclassified to match their 2006 presentation.

## Note 19 Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

Scholale 1

NORTHERN LIGHTS HEALTH REGION SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2009 (in thousands)

		2	009			2008
		Budget	_	Actual	_	Actual
Salaries and Benefits (Schedule 2)	\$	106,337	s	94,035	\$	82,420
Contracts with health service providers (Note 14 (e))		10,240		10,365		7,685
Drugs and guess		1,848		1.652		1,670
Medical and surgical supplies		3,364		3,358		3,095
Other contracted services		15,227		17,477		11,933
Other *		32,197		27,053		21,019
Amorthation;						
Capital equipment - internally funded		871		857		707
Capital equipment - externally funded		3,286		2,366		2.614
Pacilities and improvements - internally funded		887		235		147
Facilities and improvements - externally funded		5,160		3,915		3,854
Capital assets disposal - internally funded				66		-
Capital assets disposal - externally funded		-		463		-
	\$	179,417	\$	161,842	\$ 1	135,144
Other include:						
Utilities	\$	2,677	\$	2,655	\$	2,404
Equipment/Software Maintenance	*	2,348	-	3,602	*	1,628
Recraitment/Relocation/Retention of Staff/ Physicians		5.772		2,892		1,901
Travel		2.259		2,477		1,744
Minor Equipment		1.183		4,168		1,916
Pood Supplies		1,000		1,034		970
Education		LAII		994		1,131
Maintenance - Buildings and Grounds		1,584		1.832		2,543
General Office Supplies		4,552		4.236		3,214
Other		9,411		3,163		3,568
	S	32,197	S	27,053	2	21,019

Minute No. 2015 SALAMINE APRO INCOMPANY Minute No. 2012 (in Community)				-		_				M0
	Header of FEED <sup>TS</sup>	then deling	Olive Co.	Other Hea- Cash Security rings.	36 Test	Print of Pri	(S)	Tend	Product of Product of	Total
Bound Chair (7) Fon Sugleon - ANS									-	
Fitzen, Juli	9.73		13		13	:		23	1.0	
Supril Members (7)										
Jack Ady - AHB	0.06								9.0	
Plane Covello - AHS	0.33						1		84	
Cohorine Resses - At 68	0.40								8.0	
Linels, Hished - AHS	6.00	- 3							8.0	
Julio Lafranzo ~ Afrilli	6.00								8.0	
Jayres Lossia - AHS	6.86								0.0	
Dan Stellers - AHB	6.00								0.0	
Lord Androachais - AHB	8.33				*			~	6.0	
Gurd Scrije - AHB Tod Lynn Bougle - AHB	(5),33	*							86	
Jim Cilliand - 75 th	10,00	-			~			*	0.6	
Brown Correlant - AHB	0.33			*	*				0.0	
Trany Franciscockiel - Artili	6.33		-					*	0.0	
Andreas Laurenia - AHB	0.33					*			8.0	
Good Winhal - /4-89	0.33				*		*		6.6	
Rese Assessor	8.12							-	0.0	
Edit Authorid	-	0							1.0	23
Carry Chardinian									1.0	30
Julia Ellips	9.12		3		3			3	1.0	3
Bylvin Kormedy	0.13	*	6		6				1.0	18
Margaret Manderald					-				1.0	3
Nomen McHenr	0.12		3		3			3	1.0	11
Pand McWilliams	8.12		4	4	4			4	1.0	17
Shapon Shiriman	0.12		3		3			3	1.0	11
Clime Mater	6.12	-	2	-	2			3	1.0	16
Growt Wilniams.	613								1,0	17
Sub-total.	9.86	10	-	*	- 4	*		-46	12.00	365
Bred Start Bearing St.										
Position and Chief Executive Officer - AIII (10) bearing Chief Executive Officer - AIII (10)	8.62		-	-			*		0.0	
Chief Bascartva Officer (18h (12) (13h	0.86	81	-	-					840	
Vice President Martins Servins *	1.33	-		46	100	3	973	762	LO	360
Minifical Officer of Should "	1.60	.04			Ot	-		494	6.5	221
CSIO Dispos Supposts (5)	1.000				-	-	-	434	0.5	261
Chief Operating Officer	1.00	230		45	201			385	2.0	385
NP Corporate Services & CPG (CC)	1.00	199		- 46	265			249	9.9	198
VP Siemes Removacos	1.08	178		33	213			313	9.8	100
Ciria Impreiselt, Inna Office	9.800	186		30	216			216	0.6	150
Director, Commencentum	1.00	143		29	146			166	1.0	146
Director, Permission	9.68	86	5	13	108	I	75	885	3.0	198
Office management reporting effectly to direct above.	6.95	1.040		ASIB	1,500	2	193	1,330	6.7	1,000
Other assetgement	79.18	7.861	209	1,239	9,300			9,389	53.6	6,000
Medical decirect out lucialist shows										
Separate contract act included above	****				-					
- 100s, Reg. Physis. streets, Clead assess: - LPHs:	250.07	21,166	3.018	3,669	27,003			27,863	263.4	25,511
- SZERE Citier health reducinel & predictionals	136.95	4,337	3390 3,004	679	5,375		16-	3.373	66.9	4,566
Unregalized health service provides	130.90	5,480		2,363	14,890			14,830	106.1	72.134
Other staff	376.58	20,200	196	943	6,604		*	6,604	110.6	4,446
Total Staff Companying	1,051,45	74,368	1,238 6,147	12,472	35,511			23,511	350,7	23,626
	Permy		0,007	12,812	99,107	A	980	93,007	905.5	62,215
Grand Theat	1,661,20	5 74,365	9 6,195	8 12,672	\$ 93,295	4	000	3 PL00	967.5 8	200
-						- 1			1000	82,08

\* Delt of Spine profiles for contented

Anna Bendadil Co.

Schedule 2 (continued)

## NORTHERN LIGHTS HEALTH REGION SCHEDULE OF SALARIES AND BENEFITS March 31, 2009

- (1) Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete member of individuals employee: 1438 (2008 - 1365). "Discrete" number of individuals refers to all employees who were in the system thoruge the fiscal year.
- (2) Base salary includes pensionable base pay.
- (3) Other cash benefits include bonuses, overtime, lump sum payments and honoraria.
- (4) Other non-cash benefits include:
  - a. Employer's current and prior service cost of supplementary retirement plans per note (6) below.
  - b. Share of all employee benefits and contributions or payments made on behalf of employees including pension, health cure, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismembersees insurance, long and short term disability plans, professional membership and tuition and:
  - c. Employer's abure of the cost of additional benefits including sabhaskaits or other special leave with pay, financial planning services, retirement planning services, concessionary loans, travel allowances, car allowances, and chib memberships:
- (5) Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- (6) Supplementary Executive Retirement Plan (SERP)

Under the terms of the supplemental executive retirement plan, executive officers may receive supplemental retirement payments. Retirement arrangements costs as detailed below are not cash payments in the period but are the period expense for rights to future compensation. Costs shown reflect the total estimated cost to provide amoust pension income over an actuarially determined post-employment period. SERP provides future pension benefits to participants based on years of service and earnings.

		ENEFTIS

	 	- :	2009	_		2008
	Current vice Cost		Prior rvice and her Costs		Total	Total
Chief Executive Officer	\$ 10,531	\$	28,499	\$	39,030	\$63,969
Chief Operating Officer	10,998		3,868		14,866	6,635
Chief Integration/Liason Officer	3,156		249		3,405	1,080
VP Health Services East	277		3,310		3,587	6,404
VP Health Services West	6,156		2,054		8,210	4,711
VP Corporate Services	8,704		6,381		15,085	12,809
VP Human Resources	4,305		273		4,578	3,560
				_	88,761	

The accrued obligation for each executive under the SRP is outlined in the following table:

	0	Accrued bligation furch 31, 2008	hange in corned digation	Accrued obligation March 31, 2009
Chief Executive Officer	\$	324,113	\$ (3,681)	\$320,432
Chief Operating Officer		75,153	11,508	86,661
Chief Integration/Liason Officer		4,401	7,127	11,528
VP Health Services Bast		25,233	(3,413)	21,820
VP Health Services West		27,932	6,319	34,251
VP Corporate Services		66,503	3,427	69,930
VP Human Resources		3,560	7,441	11,001

- (7) On May 15, 2008, the Region's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('ARS') interim board. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and besetties of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- (8) Board Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.
- (9) CBO Direct Reports reflect FTE's and costs for the 08-09 flacal year based on the titling and positioning that existed as at July 8, 2008.
- (10) On July 8, 2008 the Region's CEO was terminated. The Interim CEO AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Dong Abuse Commission and to effect their transition to a single provincial health authority, Salary abenefits of the linearin CEO AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO AHS are proported and disclosed in the financial statements of East Central Health.
- (11) Effective Pebruary 25, 2009 the VP Corporate Services & CPO held a dual role as Chief Risk Officer for AHS. Costs incurred are reported in the accounts of the Region.

# FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management Responsibility
Auditor's Report
Statement of Financial Position
Statement of Operations
Statement of Changes in Net Assets
Statement of Cash Flows
Notes to the Financial Statements
Schedule 1 – Schedule of Expenses by Object
Schedule 2 – Schedule of Salaries and Benefits
Schedule 3 – Schedule of Contact Service Operators

# ALBERTA MENTAL HEALTH BOARD MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING FINANCIAL STATEMENTS MARCH 31, 2002

The accompanying financial statements are the responsibility of management and lawe been approved by Senior Management of the Alberta Mental Health Board. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of secessity include some amounts based on estimates and independ.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded. The Alberta Mental Health Board has also established a code of conduct that applies to all employees.

Afberta Mental Health Board members carry out its responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Board of Alberta Health Services for approval upon finalization of the audit. The Auditor General of Alberta has full and free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which allows him to report on the fairness of the financial statements prepared by management.

[Original signed] Dr. Stephen Duckett\* [Original signed] Chris Mazurkewich" [Original signed] Todd Schnirer

President and Chief Executive Officer Chief Financial Officer, Alberta Health Services Chief Financial Officer, Alberta Mental Health Board



## **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have sudited the statement of financial position of the Alberta Mental Health Board (the Board) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. My responsibility is to express an opinion on these financial statements besed on my audit.

I conducted my studit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
PCA
Auditor General

Edmonton, Alberta June 11, 2009

# ALBERTA MENTAL HEALTH BOARD STATEMENT OF FINANCIAL POSITION March 31, 2009 (thousands of dollars)

2009	2008
\$ 37,235	\$ 14,259
1,659	3,374
48	71,010
159	157
917	1,013
40,018	89,813
79,324	27,089
589	878
98	1,476
\$ 120,029	\$ 119,256
\$ 3,589	\$ 4,194
261	288
28,240	17,061
32,090	21,543
79,546	83,735
38	14
46	3
111,674	105,295
10,482	2,781
	9,925
	380
7,766	13,086
589	875
8,355	13,961
\$ 120,029	\$ 119,256
	\$ 37,235 1,659 48 159 917 40,018 79,324 589 98 \$ 120,029 \$ 3,589 261 28,240 32,090 79,546 38 111,674

# ALBERTA MENTAL HEALTH BOARD STATEMENT OF OPERATIONS Veet Ended March 31 2000

Year Ended March 31, 2009 (thousands of dollars)

## STATEMENT OF CHANGES IN NET ASSETS

# Year Ended March 31, 2009

(thousands of dollars)

						2009					2008	
	-	restricted Note 8)		Internally Restricted		vestment in pital assets	gai	unrealized ns/(losses) on nvestments		Total		Total
Balance at April 1, 2008	s	2,781	\$	9,925	\$	875	•	380	s	13,961	s	12,117
Databoo at repta 1, 2000	•	4,701	•	3,323	*	0/3	•	360	•	13,901	•	12,117
(Deficiency) excess of revenues over expenses		(2,510)						•		(2,510)		1,541
Capital assets purchased with internal funds		(36)				36				•		
Disposal of capital assets		82				(82)		•		•		-
Amortization of internally funded capital assets		240		٠		(240)		-		•		
Cumulative net unrealized gains/(losses) on investments - Unrealized gains and losses on available for sale												
financial assets arising during the year		·		•				(4,008)		(4,008)		312
- Reclassification adjustments for gains and losses												
included in (deficiency) excess of revenues over expenses		•		۰		de		912		912		(9)
Transfer of internally restricted to unrestricted		9,925		(9,925)		•		-		•		
Balance at end of year	s	10,482	s		\$	589	\$	(2,716)	\$	8,355	s	13,961

# STATEMENT OF CASH PLOWS

## Year Raded March 31, 2009

(Ebousands of	GOURTS)				
		200			2008
	Budge	t_	Actual		Actual
Cash generated from (med by):					
Operating activities:					
(Deficiency) excess of revenues over expenses	\$ (2	A17)	(2,510	) \$	1,541
Non-cash transactions:					
Amortization (Schedule 1)		243	243		238
Amortized external capital contributions		(3)	G		(15)
Loss on disposal of capital assets			70	1	
Loss (gain) on disposal of non-current investments			912		(10)
Inferest accrard on non-corrent investments	(	(580)	(1,049	)	(769)
Changes in non-cash working capital account	75.	178	72,140		(57,079)
Change in deferred contributions	2	695	6,990		75,846
Change in other oners		350	1,378		(1,476)
Change in long-term employee benefits		159	2(	_	14
Cash generated from operations	75,	625	78,195	_	18,290
Investing activities:					
Porchase of non-current investments	(62,	,520)	(37,577	)	(12,996)
Purchase of capital assets:					
internally funded - equipment	(	327)	(36	)	(284
Proceeds on sale of capital assets			12		
Proceeds on sale of non-current investments			22,654		1,473
Allocations from (to) non-current cash and investments	1,	485	(41,332	)	(1,485
Interest received on non-current investments	1	454	1,060	_	727
Clash used by investing activities	(59,	908)	(55,219	2 _	(12,567
Increase in cash, cash equivalents and investments	15,	717	22,976		5,723
Cash, cash equivalents and investments, beginning of year	14,	259	14,259	_	8,536

\$ 37,235

\$ 29,976

The accompanying notes and schedules are part of these financial statements.

Cash, cash conivalents and investments, end of year

## ALBERTA MENTAL HEALTH BOARD NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2009

## Note 1 Alberta Mental Health Board, Purpose and Operations

The Alberta Mexital Health Board ("the Board") is a provincial health board established on April 1, 1999 by Alberta Regulation 84/99 (AR84/99). The Board is exempt from payment of income tax and is a registered charity under the Income Tax Act. Effective April 1, 2009, the Board will be disestablished and all masts and liabilities will be transferred to Alberta Health Services ("AHS") (Note 17).

The Board receives its mandate from and reports to the Minister of Alberta Health and Wellness. In its role of advancing mental health for Alberta, the Board is involved in numerous initiatives, including advocacy, policy advice, working with the regional health authorities ("RHAs") and stakeholders in the implementation of the Provincial Mental Health Plan, and collaborating with inter-provincial, national and international pertners.

In fulfilling its mandate, the Board advances a significant portion of its budget to the Regions and other contract service operators.

## Note 2 Significant Accounting Policies and Reporting Practices

## (a) Basis of Presentation

- (1) The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health & Wellnem' Financial Directive 34.
- (2) These financial statements are prepared using the deferral method, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.
  - Restricted non-capital contributions are recognized as revenue in the year the related expenses are incurred.
  - (iii) Externally restricted capital coetributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unemortized external capital contributions and recognized as revenue in the period in which the related amortization expense of the capital asset is recorded.
  - (iv) Investment income includes dividend and interest income, and realized investment gains and losses. Unrealized gains and losses on available- for-sale financial assets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Pinancial Position. Restricted investment income is recognized as revenue in the year in which the related expenses are

incurred. Other unrestricted investment income is recognized as revenue when rearred.

- (v) Donations and contributions in kind are recorded at fair value when such value can be reasonably determined.
- (vi) Revenues from sales of goods and services are recorded in the period that goods are delivered or services are provided.

## (b) Capital Disclosure

Effective April 1, 2008, the Board implemented new capital disclosure requirements per section 1535 of the Canadian Institute of Chartered Accountants (CICA) Handbook. The Board for operating purposes defines capital as including working capital, unrestricted net assets and internally restricted net assets; and for capital purposes defines capital as including deferred capital contributions, internally restricted net assets, unamortized external capital contributions and investments in capital assets.

The Board's objectives for managing capital are:

- In the short term to safeguard the Board's financial ability to continue to deliver bealth services, and
- (ii) In the long term to plan and to build sufficient physical capacity to meet future needs for bealth services.

The majority of the Board's operating funds are from Alberta Health and Wellness which is paid on the first of each month. As a result, significantly less working capital is required. The board monitors its working capital and cash flow forecasts.

### (c) Full Cost

The Board accounts for all costs for which it is responsible. Fair value transactions recorded comprise:

- (i) Fair value to use non-acute care facilities not owned by the Board and provided to the Board at zero or nominal rent is recorded as other government contributions and as program expense.
- (ii) Other assets, supplies and services a health region would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers' contributed services are not reported because a fair value cannot be reasonably determined.

## Note 2 Significant Accounting Policies and Reporting Practices (continued)

## (d) Employee Future Benefits

- (i) The Board participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides possions for the Board's participating employees, based on years of service and earnings. Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the Board has insufficient information to apply defined benefit plan accounting. Pension costs in the statements comprise the employer's contributions required for its employees during the year, based on rates expected to provide benefits payable under the pension plans. The Board does not record its portion of the plan's deficit or surplus.
- (ii) The Board provides a defined benefit Supplementary Retirement Plan to the previous President & Chief Executive Officer. Effective April 1, 2008, the Vice-Presidents were added to the Plan. The cost of this benefit is actuarially determined on an annual basis as at March 31" using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and period of benefit coverage. Net actuarial gains or losses of the benefit obligation are amortized over the average remaining service life of the employee. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The Supplementary Retirement Plan is unfauded.

## (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2 (f).

Current investments include marketable securities with original maturities of less than one year. Non-current investments include bonds and equities. All investments are classified as available-for-sale and measured as disclosed in note 2(f). The fair value of an investment on initial recognition is the transaction price, which is the fair value of the consideration given or received. Subsequent to initial recognition, fair value is determined by using the valuation techniques which refer to observable market data using the specific identification method. The fair value of investments is disclosed in Note 3.

Discounts or premiums arising on purchase of bonds are amortized using the effective interest rate method. On disposal of an investment, the cumulative gain or loss recorded in net assets is recognized in the excess (deficiency) of revenues over expenses.

## (f) Financial Instruments

Initial measurement of financial instruments is at fair value and is subsequently accounted for based on their classification as described below. The classification depends on the purpose for which the financial instruments were acquired and their characteristics.

The Board classified its financial instruments as follows:

Instrument
Cash, Cash Equivalents and Investments
Accounts Receivable
Contributions Receivable
Accounts Payable and Accrued Liabilities
Accrued Vacation Pay

Designation Available-for-sale Loans and Receivables Loans and Receivables Other Liabilities Other Liabilities

Financial assets classified as "available-for-sale" are remeasured at fair value each period. Changes in fair value are reported as a component of not assets until the financial asset is disposed of or becomes impaired, at which time the cumulative gain or loss is recognized in the excess (deficiency) of revenues over expenses.

Financial assets and financial liabilities classified as "loans and receivables" and "other liabilities" are subsequently measured at amortized cost. Transaction costs are incremental costs that are directly attributable to the acquisition, issue or disposal of a financial asset or financial liability. All transactions costs are expensed as incurred.

The trade date is the date that an entity commits to purchase or sell an asset. The settlement date is the date that an asset is delivered to or by an entity. Where the trade date and settlement date differ for a financial asset, settlement-date accounting is applied. Any change in the fair value of the asset between the trade date and settlement date is accounted for in the same way as the acquired asset.

When it is determined that an impairment of a financial investment classified as availablefor-sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying values of current cash, cash equivalents, account receivable, contributions receivable, accounts payable, accrued liabilities and accrued vacation pay approximate their fair values due to the short-term nature of these items. Unless otherwise note, it is management's opinion that the Board is not exposed to significant interest rate, corrency or credit risks arising from its financial instruments.

The carrying values of the Board's investments in money markets and bonds exceed their fair values. The cumulative amount that the Board's investments in equities at fair value that have been below their carrying values, are not in management's opinion an other than

## Note 2 Significant Accounting Policies and Reporting Practices (continued)

temporary impairment of its financial instruments. Management's analysis of the expected use of funds within these instruments does not indicate that the funds would be required in the current period. This analysis indicates that a significant portion is not expected to be required within the next two years and can be carried over the next three to four years. It is thereby management's opinion that these investments are tikely to recover prior to the use of these funds and therefore considered to be temporarily impaired.

The Board does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865, Hedges. The Board as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts as these would be limited or none.

## (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Board adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as moving average cost) and net realizable value.

## (b) Capital Assets

Capital assets and work in progress are recorded at cost. Capital assets with unit costs less than five thousand dollars are expensed on acquisition. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

	Useful Life
Furniture, equipment and vehicle (collectively "Equipment")	5-15 years
Information technology	5 years
Leasehold improvements	3 - 5 years

Work in progress is not amortized until the project is complete.

## (i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. In particular, the following estimates are subject to material measurement uncertainty:

- (i) The classification of cash, cash equivalents and investments as current and non-current is based on estimates of the cash and investments for which the benefit is expected to be realized in the next fiscal year.
- (ii) The classification of unused funding to Regions for the forensic psychiatry program as a prepaid expense and other asset is based on estimates of the portion of the unused funding that will be expensed in the next fiscal year.
- (iii) The classification of deferred contributions as current and non-current is based on estimates of the revenue to be recognized in the next fiscal year for externally restricted non-capital contributions.

Actual results could differ from these estimates.

Note 3 Cash, Cash Equivalents, and Investments

	_			2009 (thousands	of doi	206 lars)	16	
	P	nir Value		Cont <sup>(1)</sup>		ir Value	(	Cost <sup>(1)</sup>
Cash and Cash Equivalents	\$	56,529	s	56,529	\$	544	\$	544
Money Market Securities		23,524		23,517		15,199		15,196
Bonds		27,796		27,515		19,952		19,269
Equities		8,710		11,714		5,653		5,959
Total	3	116,559	5	119,275	5	41,348	\$	40,968
Classified as:								
Current	\$	37,235			5	14,259		
Non-current		79,324				27,089		
Total Cash, Cash Equivalents and Investments	\$	116,559			_ \$	41,348		

<sup>&</sup>lt;sup>13</sup>Cost includes the accumulated amortization of discount or premium on fixed income securities.

## Note 3 Cash, Cash Equivalents, and Investments (continued)

- (a) Income and financial returns on cash, cash equivalents and investments are exposed to credit and price risks:
  - Credit risk relates to the possibility that a loss may occur from the failure of another party to perform according to the terms of the contract.
  - (ii) Price risk is comprised of interest rate risk and market risk. Interest rate risk relates to the possibility that the investments will change in value due to future fluctuations in market interest rates. Market risk relates to the possibility that the investment will change in value due to future fluctuations in market prices.

On March 14, 2008, the Board approved a new asset mix policy of 15% to 100% for cash and cash equivalents, 0% to 85% for fixed income instruments and 0% to 40% for equities.

Risk is further managed through asset class diversification, diversification within each asset class, and quality constraints on fixed-income and equity instruments.

- (b) Money market accurities include Government of Canada treasury bills maturing between three to seventy-three days and bear interest at an average effective yield of 0.53% per annum (2008 – 4.25%). Such financial instruments are limited to a rating of R-1 or A-1, or higher.
- (c) Bonds are managed with the objective of providing optimal returns while maintaining maximum security of capital and meeting the liquidity requirements and obligations of the Board. Return is optimized within risk constraints on the portfolio by management of portfolio duration, issuer mix and quality. A maximum exposure of 10% of the bord portfolio has a rating of BBB and the remaining portfolio has a rating of A or higher.

The bonds have an average effective yield of 4.19 % per ammm (2008 - 4.36%) and have the following maturity structure as at March 31, 2009:

1 – 5 years 38.8 % (2008 – 44.8%) 5 – 10 years 32.8 % (2008 – 28.3%) Over 10 years 28.4% (2008 – 26.9%)

(d) Equities are comprised of units in a pooled equity portfolio that includes publicly traded securities in a major stock market. Risk is reduced by prodent security selection and sector statistics.

## Note 3 Cash, Cash Equivalents, and Investments (continued)

	2009		2008
	(thousand	s of do	daru)
Non-current cash, cash equivalents and investments represent the following:			
Externally restricted for operating purposes	\$ 79,324	\$	15,244
Internally restricted for capital purposes	-		900
Internally restricted for operating purposes	-		6,857
Unrestricted cash and investments not held for			
current purposes	-		4,088
	\$ 79,324	\$	27,089

## Note 4 Capital Amets

Cost (thousands of dollars

Capital Asset	B	pening Inlance il 1-2008	Additions Disposals		В	losing alance b-31-2009	
Equipment	\$	253	\$	24	\$ 78	\$	199
Information Technology		604		12	105		511
Lesschold Improvements		352		-			352
Work in Progress		-		-	-		-
	\$	1,209	\$	36	\$ 183	5	1,062

## Accordisted Americation (thousands of deliver)

g Balance	ent year tiantion	etization isposals	Be	osing Junce -31-2009
\$ 92	\$ 46	\$ 47	S	91
170	113	54		229
@	84	-		153
-	_			-
\$ 331	\$ 243	\$ 101	5	473

V	Book titue 009	1	Book Nue 008
\$	108	\$	161
	282		434
	199		283
	-		-
\$	589	\$	878

## Note 4 Capital Assets (continued)

Capital assets were funded from the following accura-

•	. 2	1009	2	2008
	(0	housand	s of de	slars)
sternally funded (unamortized external capital contributions)	s		5	3
ternally funded (invested in capital assets)		589		875
	\$	589	\$	878

## Note 5 Other Assets

The Alberta Mental Health Board contracts with the Regions for the provision of forensic psychiatry services. The agreements included provisions whereby any surplus funding from the Board in a given fiscal year is subject to certain terms and conditions. Depending on the agreement, the Board may have a claim to the unused funding either immediately or one to three fiscal years following the fiscal year in which the surplus arises. Where the Board has an immediate claim to the unused funding, the Board may either offset the funding against future funding instalments to the Regions or approve the funding for incremental operating or explain expenditures benefiting the forensic psychiatry program. Where the Board has a claim to the unused funding one to three fiscal years following the fiscal year in which the surplus arises, the Regions may use the unused funding during that period for incremental operating or capital expenditures benefiting the forensic psychiatry program.

The March 31, 2008 non-current balance of \$1,476,000 was related to unused funding for forensic psychiatry services. During the 2009 fiscal year the Regions were approved by the Alberta Mental Health Board to expend these funds for incremental expenditures to benefit the forensic psychiatry programs. These funds were fully utilized in the 2009 fiscal year.

The March 31, 2009 non-current balance of \$98,000 is related to the Unfunded Supplemental Retirement Plan, see Note 18.

## Note 6 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

	2009			2008
	-	thousand	s of de	dlars)
Current				
Child and Youth Mental Health Plan	\$	11,595	\$	-
Childrens Mental Health Projects		12,793		10,506
Community Treatment Orders		1,292		3,866
Mental Health Innovation Projects		74		963
Special Mental Health Initiatives		487		594
Aboriginal Youth Suicide Prevention Strategy		105		538
Alberta Centennial Mental Health Research Chairs Program		322		250
Telemental Health		244		211
Information Security Compliance		129		73
Seniors and Community Supports		983		45
Mental Health First Aid - PCN		216		15
		28,240		17,061
Non-Current				
Child and Youth Merkal Health Plan		38,964		50,750
Childrens Mental Health Projects		18,467		12,347
Assertive Community Treatment Framework		-		9,000
Community Treatment Orders		15,606		3,881
Alberta Centennial Mental Health Research Chairs Program		3,067		3,116
Seniors and Community Supports		1,988		2,955
Special Mental Health Initiatives		1,430		1,406
Mental Health Innovation Projects		22		173
Information Security Compliance				107
Telemental Health		2		-
		79,546		83,735
	\$	107,786	\$1	00,796

## Note 7 Long-Term Employee Benefits

(a) Supplementary Retirement Plan (SRP)

Accrued benefit obligation Accrued obligation, beginning of year Current service cost Interest cost	(a) Supplicinality Routement Figure (SRT)	200	0	2006
Accrued benefit obligation   Accrued obligation, beginning of year   \$ 208 \$ - Current service cost   64 6 6 Interest cost   16 2 200   Actuarial gain   (32) - 186 200   Actuarial gain   (32) - 3 5 ttlement gain   (101)   - 3 5 ttlement gain   (243)   - 4 5 5 5 ttlement gain   (243)   (208)   (2				
Accrued obligation, beginning of year	Accepted benefit obligation	(		
Interest coat   16   2		\$	208 \$	-
Past service cost   186   200	Current service cost		64	6
Actuarial gain   (32)	Interest cost		16	2
Settlement guin   Cartailment guin   Cartailment guin   Cartailment loss   Cartailment	Past service cost		186	200
Reconciliation of funded status to accrued benefit liability   Punded status to accrued benefit liability   Punded status of plan (deficit)   (98)   (208)	Actuarial gain		(32)	-
Reconciliation of funded status to accrued benefit liability	Settlement gain	(	101)	-
Reconciliation of funded status to accrued benefit liability   (98) (208)   (208)	Benefit payments	Ċ	243)	-
Punded status of plan (deficit) (98) (208)     Unamortized prior service costs	Accrued obligation, end of year	3	98 \$	208
Unamortized prior service costs	Reconciliation of funded status to accrued benefit	liability		
Superificant actuarial assumptions are as follows:   Superificant actuarial generates assumptions are as follows:   Superificant actuarial generates assumptions are as follows:   Superificant actuarial generates are as follows:   Superificant actuarial generates are as follows:   Superificant actuarial generates are as follows:   Superificant actuarial assumptions are as follows:   Superificant act	Punded status of plan (deficit)		(98)	(208)
SRP pension expense	Unamortized prior service costs		60	194
Current service cost	Accrued benefit liability	3	(38) \$	(14)
Interest cost	SRP pension expense			
Amortization of prior service costs         48         6           Amortization of actuarial gain         (32)         -           Settlement gain         (101)         -           Currallment loss         272         -           Benefit cost         \$ 267         \$ 14           Significant actuarial assumptions are as follows:           Discount rate         8.8%         5.5%           Expected average remaining service life of employee         5 years         5 years           Salary increase         5.0%         5.0%	Current service cost		64	6
Amortization of actuarial gain (32) - Settlement gain (101) - Currailment loss 272 - Benefit cost \$267 \$14  Significant actuarial assumptions are as follows: Discount rate 8.8% 5.5%  Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Interest cost		16	2
Settlement gain (101) - Currailment loss Benefit cost \$272\$ - \$267\$ \$14  Significant actuarial assumptions are as follows: Discount rate 8.8% 5.5% Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Amortization of prior service costs		48	6
Curtailment lois  Benefit cost  Significant actuarial assumptions are as follows:  Discount rate  Expected average remaining service life of employee  Salary increase  272  - 3  - 3  - 14  Significant actuarial assumptions are as follows:  8.8%  5.5%  5 years  5 years  5 years  5 years	Amortization of actuarial gain		(32)	-
Benefit cost \$ 267 \$ 14  Significant actuarial assumptions are as follows: Discount rate 8.8% 5.5%  Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Settlement gain	(	101)	
Significant actuarial assumptions are as follows: Discount rate 8.8% 5.5% Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Curtailment loss		272	-
Discount rate 8.8% 5.5% Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Benefit cost	\$	267 \$	14
Discount rate 8.8% 5.5% Expected average remaining service life of employee 5 years 5 years Salary increase 5.0% 5.0%	Significant actuarial assumptions are as follows:			
Salary increase 5.0% 5.0%	-	8	.8%	5.5%
Salary increase 5.0% 5.0%	Expected average remaining service life of employee	5 yr	DELTS	5 years
				5.0%
	The Supplementary Retirement Plan is unfunded.			

## (b) Local Authorities Pension Plan (LAPP)

The Board participates in the LAPP, which is a multi-employer defined benefit plan. Pension expense in these financial statements is equal to the Board's annual contributions payable of \$394,700 for the year ended March 31, 2009 (2008 - \$321,000). At December 31, 2008, the LAPP reported a deficiency of \$4,413,971,000 (2007 deficiency - \$1,183,334,000).

## (c) Pension Expense

The pension expense reported in the Statement of Operations for the SRP is \$267,350 and LAPP is \$394,700, for an aggregate pension expense of \$662,050 (2008-\$335,000).

## Note 8 Accumulated Surplus

The Board's accumulated surplus comprises the following:

	2009	2008
	(thousand	of dollars)
Unrestricted net assets	\$ 10,482	\$ 2,781
Internally restricted net assets		
Research		3,803
Forensic Psychiatry Program	-	2,326
Board Priorities		2,000
Puture capital expenditures		900
Mental Health Capacity Building for Children and Families		630
Provincial Mental Health Plan		266
		9,925
	\$ 10,482	\$ 12,706

The Alberta Health Services Board has unrestricted all funds that were previously internally restricted.

## Note 9 Commitments

## (a) Leases

The Board is contractually committed to future operating lease payments until 2012 as follows:

For the year ended March 31	(thousands of dollars
2010	\$909
2011	835
2012	359

## (b) Contract Service Operators

The Alberta Mental Health Board contracts on an ongoing basis and for externally restricted initiatives with contract service operators to provide various services in the mandate of the Board (Schedule 3). As measured by percentage of total expenses, the Board bas contracted or anticipates to contract for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.

## Note 10 Bodget

The budget was prepared and approved by senior management of the Alberta Mental Health Board and submitted to the Minister of Health and Welliness on May 27, 2008.

## Note 11 Alberta Health and Wellness Contributions

_	2009	-644	2008
	(111112-101	or det	mm)
3	61,363	\$	58,339
	9,433		3,727
	30		
\$	70,826	5	62,066
	\$	\$ 61,363	

## Note 12 Other Government Contributions

	2009	2	2008
	(thou mad	s of dol	lars)
Alberta Government			
Transition grant from Bast Central Health (Note 18)	\$ 1,630	5	-
Transfers from deferred contributions	905		95
Other	175		116
	\$ 2,710	\$	211

## Note 13 Investment and other income

	2009		2008
	(thou made	of dol	kes)
Investment (loss) income	\$ (803)	5	418
Sales and recoveries	567		236
Registration fees and sponsorships	435		548
Other income	4		46
	\$ 203	3	1,248

Net investment loss is comprised of realized losses on disposal of investments, which are partially offset by interest earnings. Sales and recoveries relate to distributions of educational and promotional materials. Registration fees and spossorships relate to conferences and courses conducted by the Board.

Sales and recoveries includes \$3,000 from Ministries of the Province (2008 - \$5,000). Registration fees and sponsorship includes \$80,000 from Ministries of the Province (2006 - \$90,000).

## Note 14 Administration

		2009 thousands		2008 Bars)
General administration <sup>(1)</sup>	5	5,812	5	4,341
Administration - contract service operators (Schedule 3)[2]		1,402		1,217
Finance		263		243
Harman resources		66		1
	5	7,543	3	5,802

(1) General administration includes costs relating to the following types of activities that do not meet the criteria for inclusion in other expense categories:

- Promoting and supporting implementation of the Made-in-Alberta approach outlined in the Provincial Mental Health Plan, Advancing the Mental Health Agenda (April 2004);
- Bringing a provincial perspective to programming and support for regional mental health service delivery;
- Strengthening advocacy and consumer support;
- · Advising on policy; and
- Collaborating with inter-provincial, national and international partners.

(B) The cost of contracted services is allocated to the appropriate expense categories as if the Alberta Mental Health Board directly performed the activities. Where information is unobtainable, the Board uses a systematic and rational basis for the allocation.

## Note 15 Support Services

	(1	2009 Shousend	s of de	2008 olians)
Support services - contract service operators (Schedule 3) <sup>(1)</sup> Building maintenance and operations	\$	8,436 1,230	\$	7,751
•	5	9,666	5	8,530

<sup>(1)</sup>The cost of contracted services is allocated to the appropriate expense categories as if the Board directly performed the activities. Where information is unobtainable, the Board uses a systematic and rational basis for the allocation.

## Note 16 Related Parties

## (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints the members of the Alberta Health Services Board. The Board is economically dependent upon the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

Transactions between the Board and Ministries of the Province are disclosed in the Statement of Operations and in Notes 11, 12 and 13 and Schedule 1 to the financial statements. As at March 31, 2009, \$8,000 is payable to other Ministries of the Province (2008 - \$3,000).

The Board had the following balances and transactions with other related parties recorded in the Statement of Financial Position and Statement of Operations at the amounts agreed upon by the parties:

		Receival	ble from	m:	Payable to:				
	2009		2	2008		2009		2006	
			(6	boused	s of de	ollere)			
Other Regional Health Authorities and Provincial Health Boards <sup>(1)</sup>	3	1,672	\$	216	5	1,039	3	1,473	
School Boards & Schools				-		3,069		1,151	
University of Alberta		4		- 1		50		-	
	\$	1,676	5	217	3	4,158	\$	2,624	
		Rev				Esp	=8		
		2009	2	8000		2009		2006	
			(6	housed	of de	ollars)			
Other Regional Health Anthorities and Provincial Health Boards <sup>(1)</sup>									
AIRS PROVINCIAL PRIMER EXPIRE	\$	1,839	3	211	\$	52,304	\$	45,879	
School Boards & Schools		*		*		8,061		2,293	
University of Alberta		4		-		152		57	
Carewest		-		*	_			32	
	\$	1,843	\$	211	\$	60,517	\$	48,261	

(1) The receivable includes \$1,630,000 receivable from East Central Health in respect of transition costs covered by an externally restricted grant. The payable includes \$50,400 in respect of third party costs paid on behalf of the Board for which the Region will be reimbursed. In addition to the receivable and payable balances there were \$515,400 prepaid expenses (2008 - \$335,000) in the Statement of Financial Position.

## Note 16 Related Parties (continued)

## (b) Other Contract Service Operators

The Board has an economic interest through its contracts with other service operators for mental health justice initiatives and mental health promotion and prevention services in the Province. Details are presented in Schedule 3.

## Note 17 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of the health service delivery system in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board, and Alberta Alcohol and Drug Abuse Commission (AADAC). On April 1, 2009 pursuant to the Health Government Transition Act & Regulation 286/94, the Alberta Mental Health Board will be discussibilished and all assets and liabilities, rights and obligations of the Board will be assumed by East Central Health Region whose name will change to Alberta Health Services.

## Note 18 Transition Costs

As at March 31, 2009, the Board recorded transition costs and restructuring charges in the Statement of Operations. The charges consist of severance costs and termination benefits, professional services, consulting expenses and other applicable transition expenses. In the Consolidated Statement of Operations, these charges are included in Administration, Support Services and Information Technology.

		d Charges		Charges ds of dollars	Total		
Payable as at March 31, 2008 Amounts expensed Amounts expitalized Payments made during the year	\$	988	s	301	\$	1,289	
Payable as at March 31, 2009	\$	988	\$	301	\$	1,289	
Unfunded Supplementary Retirement Plan	3		3	341	\$	341	

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AHS transitioning and the Board has recorded a receivable of \$1,630,000 from East Central Health for the transition costs incurred as described above.

Unfunded SRP — The transition grant restrictions include payments for the unfunded status of the Board's Supplemental Refirement Plan. The Board has recorded a non-current receivable from East Central Health for the amount of the accrued benefit obligation at the end of the year. The Board has also recorded a current receivable from East Central Health for the amount of any Supplementary Retirement Plan lump sum payments during the year as a part of a termination package.

## Note 19 Comparative Figures

Certain 2008 figures have been reclassified to conform to the 2009 presentation.

## Note 20 Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

Schedule 1

# ALBERTA MENTAL HEALTH BOARD SCHEDULE OF EXPENSES BY OBJECT Year Ended March 31, 2009

(thousands of dollars)

	Miscellaneous	Travel	Facility rent (2)	Promotion, prevention, and educational materials	(1) Other expenses:		Loss on disposal of capital equipment	- externally funded	- internally funded	Amortization of capital equipment:	Other expenses (1)	Other contracted services	Contracts with health service providers (Schedule 3)	Salaries and Benefits (Schedule 2)		Company of the compan
\$ 4,512	1,465	857	1,076	1,114		\$ 89,259		ω	240		4,512	3,484	73,029	\$ 7,991	Budget	
\$ 3,379	1,084	584	1,223	488		\$ 76,282	70	w	240		3,379	2,033	63,026	\$ 7,531	Actual	2009
\$ 3,490	1,356	742	789	603		\$ 62,026		15	223		3,490	2,377	50,381	\$ 5,540	Actual	2008

<sup>(2)</sup> The 2009 fiscal year includes office lease costs of \$82,000 paid to Alberta Infrastructure and Transportation under the terms of the lease agreement (2008 - \$91,000).

			2009									
	Severance (e)											
	Number	Base		Other Non-Cash		Number of			Number	Total		
	FTEs (a)	Salary (h)	Benefits (e)	Benefits 14)(f)	Sab Total	Individuals	Amount	Tetal	FTEs (a)			
Board Chair (g)												
Hughes, Ken - AHS	0.88	\$ .		\$ -	\$ -		\$ -	\$ -	-			
Ference, Jem (Dr.)	0.12	-	5		5		-	5	1	15		
Board Members (p)												
Ady. Jack - AHS	0.88	-			-	-	-	-	-	-		
Crevolin, Pierre - AHS	0.21	-	-		-		*	-	-	-		
Roozen, Cathy - AHS	0.63	-	*	-	-	-	-	-		-		
Hohol, Linda - AHS	88.0	-	-	-	-	-	-	-	-	-		
Lehners, John - AHS	88.0	-	-		-		-		-	-		
Lowis, Irone - AHS	0.88	-	-		-		•	-		-		
Sieben, Don - AHS	88.0	-	-		-		*	-		-		
Andreschuk, Lori - AHS	0.33					-	-	-	-	-		
Bontje, Gord - AHS	0.33				-		-	-	-	-		
Bougie, Teri Lynu - AHS	0.33					-	-	-		-		
Clifford, Jim - AHS	0.33	-			-	-	-	-	-	-		
Crow foot, Stater - AHS	0.33	-		-	-		-	-		-		
Franceschini. Tony - AHS	0.33	-		-	-	-	-	-	-	-		
Laupacis, Andress - AHS	0.33	-	-		-		-	-	-	-		
Winkel, Gord - AHS	0.33	-		-	-		-	-				
Fielding, Alan	0.12	-	2		2	•	-	2		7		
Laforce-Fertig, Louise	0.12	-			1	-	-	2	1	8		
McBain, Harold	0.12		2	*	2		-	2		8 5		
Mikkelson, David	0.12		-		-	-	-	-		8		
Preston, Jerry	0.12		2	-	2		-	2		7		
Steinhauer, Sharon	0.12	-	1			•	-		,	3		
Taylor, Rath (Dr.) Total Board	9.72		13	-	13			13	8	61		
Board Direct Reports (h)												
Menul Health Patient Advocate Office	3.01	275	47	40	362		-	362	3.17	366		
President & Chief Executive Officer - AHS10	0.02	-	-		-		-	-	-	-		
Interim Chief Executive Officer - AHS(1)	0.88	-	-							-		
President & Chief Executive Officer (i)	0.27	83		170	261	1	558	819	1.00	282		
	0.27	• • • • • • • • • • • • • • • • • • • •										
CEO Direct Reports ®	0.84	183	64	97	344	1	430	774	1.00	235		
Vice President, Advocacy, Impovation & Monitoring	1.00	221	65	71	357		430	357	1.00	237		
Vice President, Programs & Research	14.10	1,478	33	309	1.820			1,820	12.57	1.492		
Management reporting directly to CEO Direct Reports	4.56	382	2	81	465			465	4.54	428		
Other management Other staff	40.95	2,342	40	539	2,921			2,921	35.30	2,439		
Total Executive, Management and Staff	65.63	4,964		1,307	6,530		988	7,518	58.58	5,479		
I OIRI DACCHILVE, Management and State	00.03	4,704	237	1,507	0,0,00		700	7,070		24112		
Total	75.35	\$ 4,964	\$ 272	\$ 1,307	\$ 6,543	2	\$ 988	\$ 7,531	66.58	\$ 5,540		

See accompanying information on the following pages.

## SCHEDULE OF SALARIES AND BENEFITS. FOR THE YEAR ENDED MARCH 31, 2009

- a. Full-time equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed during the year was 103 (2007 86). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year.
- b. Base salary includes pensionable base pay.
- c. Other cash benefits include bormses, lump sum payments and honoraria.
- d. Other non-cash benefits include:
  - (i) Employer's current and prior service cost of supplementary retirement plans per note (f) below.
  - (ii) Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, out-of-country medical benefits, group life insurance, accidental death and dismemberment insurance, long and short-term disability plans, Canada Pension Plan, and employment insurance. Professional development and membership costs may also be paid on behalf of or reimbursed to employees but such amounts are not included indee benefits and allowances.
  - (iii) Employer's share of the cost of additional benefits including other special leave with pay.
- Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- f. Supplemental Retirement Plan (SRP)

Under the terms of the Supplementary Retirement Plan executives may receive supplemental retirement payments. Effective April 1, 2008, the Vice President, Advocacy, Innovation & Monitoring and the Vice President, Programs & Research were added to the Supplementary Retirement Plan. SRP costs as detailed in the following table are not each payments in the period but are the period expense for the rights to future compensation. Costs shown reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SRP provides future pension benefits to participants based on years of service and earnings. See also accounting policy Note 2 (d) Employee Future Benefits and Note 7 Long-term Employee Benefit Liabilities.

The cost of these benefits is actuarially determined using the projected benefit method prorated on services, a market interest rate, and management's best estimate of expected costs and the period of benefit coverage. Net actuarial gains and losses of the benefit obligations are amortized over the average remaining service life of the employee group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service and other costs include amortization of past services costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability.

The change in the accrued benefit obligation includes current service costs, interest accruing on the actuarial liability and the full amount of any actuarial gains or loss in the period.

## SCHEDULE OF SALARIES AND BENEFTTS, FOR THE YEAR ENDED MARCH 31, 2009

				2009		
	Currea	t Service Cost		ior Service and Other Costs		Total
		(the	46	ands of dol	lars.	
President & CEO VP-Advocacy, Innovation	\$	9	5	152	\$	161
and Monitoring		24		44		68
VP- Programs & Research		31		7		38
	3	64	3	203	3	267
		Accrued bilgation 31, 2008		Change in accrued obligation		Accrued obligation rch 31, 2009
		(the	_	unds of del	lans,	)
President & CEO VP-Advocacy, Innovation	\$	208	8	(208)	5	
and Monitoring		*		*		-
VP- Programs & Research			_	98	_	98
	\$	206	3	(110)		98

For the two severances during the 2008-09 period the SRP was paid out in lump sum. The President & CBO received a lump sum payment of \$175,324. The Vice-President, Advocacy, Innovation and Monitoring received a lump sum payment of \$67,796.

- g. On May 15, 2008, Alberta Mental Health Board's board, along with the other regional health authority boards and provincial boards, was replaced by the Alberta Health Services ("AHS") interim board according to Ministerial order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- Board Direct Reports reflect FTEs and costs for the entire 2008-09 fiscal year based on the titling and positioning that existed as at May 15, 2008.

- <u>-</u>-On July 8, the Board's CEO was terminated. The Interim CEO - AHS was appointed effective May Central Health. benefits of the President and CEO - AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO - AHS was appointed effective March 23, 2009. Salary and and benefits of the Interim CEO - AHS are reported and disclosed in the financial statements of East Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary 15, 2008 to manage the operations of the health regions, provincial coards and Alberta Alcohol and
- Ļ. CEO Direct Reports reflect FTEs and costs for the 2008-09 fiscal year based on the titling and positioning that existed as at July 8, 2008.
- × Executive Medical Director - Calgary, \$190,700 (2008 - \$151,700). for the fiscal year 2009 is: Executive Medical Director - Edmonton, \$111,300 (2008 - \$146,600) and contracted services and not salaries and benefits. The expense reported in the Statement of Operations in Executive Management Committee. As they are contracted their expense is charged to other Two Executive Medical Directors were contracted by the Alberta Mental Health Board and participated

		Direct Region Funding	in	Facility- based apatient te nursing ervices	eme	Facility- based orgency & otpatient ervices	-	mmunity-	th	agnostic & erapeutic services	preve	motion ention & tection rvices	-	esearch and ucation	Ad	lministra- tion		rmation	Support ervices	Exp	Total penditures
A. Health Authorities																					
Capital Health - Forensics	12	34,591	\$	14,419	2	5,280	2	1,762	2	5,864	2	-	5		2	1,172	2		\$ 6,094	2	34,591
Capital Health - Other		1,955	1			11		638		399		51		13		205		633	5		1,955
Calgary Health Region - Forensics	- 1	11,321	1	4,088		1,966		509		2,492				-					2,266		11,321
Calgary Health Region - Other	- 1	1,862	1	-		4		1,081		322		394		9		-		-	52		1,862
Chinook Health Region		718	1	-				471		201		27		4				-	15		718
Palliser Health Region	-	478	1	-		-		270		186		16		6					-		478
David Thomson Health Region		430	1	-		-		242		167		12		9				-	-		430
Aspen Health Region		116	1	-		-		59		11		33		9		-		-	4		116
Other Regional Health Authorities		113	1	-		-						96		17					-		113
B. Other Contract Service Operators	1		1																		
School Boards & Schools		7,937	1					-		1,349		6,588		-		-		-	-		7,937
AADAC	- 1	726	1			-		430		296		-		-		-		-	-		726
Homefront		559	1	-				331		228				-		-		-			559
Aboriginal agencies & service providers		599	1	-				-				597		2		-		-	-		599
Centre for Suicide Prevention	- 1	393	1	-				-		-		393		-		-		-	-		393
Universities & Colleges	- 1	276	1			*						22		254							276
Schizophrenia Society of Alberta		244	1	-		-		-				244				-			-		244
Institute of Health Economics	- 1	187	1					-				-		187		-		-	-		187
Canadian Mental Health Association Alberta Heritage Foundation for Medical		130		-		-				-		127		3		-		-	-		130
Research		116		-		-								116		-			-		116
Other agencies & service providers		275				42		-		-		149		59		25		-	-		275
Total 2008/09	5	63,826	5	18,507	5	7,303	5	5,793	5	11,515	\$	8,749	\$	688	\$	1,402	\$	633	\$ 8,436	\$	63,026
Total 2007/08	\$	50,381	8	16,155	\$	6,103	\$	5,240	\$	9,316	\$	3,566	\$	394	\$	1,217	\$	639	\$ 7,751	\$	50,381

### ALBERTA CANCER BOARD

### FINANCIAL STATEMENTS

MARCH 31, 2009

Statement of Management Responsibility

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefits

# ALBERTA CANCER BOARD MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING FINANCIAL STATEMENTS MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes to review internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The Board members carry out their responsibility for the financial statements through the Audit and Pinance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed] [Original signed] [Original signed]

Dr. Stephen Duckett

Chris Mazurkewich, CA

Darryl Diletzoy, CMA

President & Chief Executive Officer

Date: June 11, 2009

Date: June 11, 2009

Date: June 11, 2009



### **Auditor's Report**

To the Members of the Alberta Health Services Board and the Minister of Health and Wellness

I have sudited the statement of financial position of the Alberta Cancer Board (the Board) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
PCA
Auditor General

Edmonton, Alberta June 11, 2009

# ALBERTA CANCER BOARD STATEMENT OF FINANCIAL POSITION March 31, 2809

(in thousands)		
	2009	2008
	Actual	Actual
ASSETS		
Current:		
Cash and cash equivalents (Note 3)	\$ 106,323	\$ 77,762
Accounts receivable	11,990	8,892
Contributions receivable from Alberta Health and Wellness	547	7,168
Inventories	8,142	9,609
Propaid expenses	2,596	1,982
	129,598	105,413
Non-current cash, cash equivalents and investments (Note 3)	18,652	47,755
Capital assets (Note 4)	150,848	148,284
Other assets (Note 7 (b))	958	855
TOTAL ASSETS	\$300,056	\$302,307
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	\$ 41,969	\$ 39,739
Accrued vacation pay	9,496	8,422
Deferred contributions (Note 5)	68,794	48,429
	120,259	96,590
Deferred capital contributions (Note 6)	8,350	12,395
Unamortized external capital contributions	104,667	106,630
Other Habilities	4,132	4,572
	237,408	220,187
Net Assets		
Accumulated surplus (Note 8)	3,990	2,209
Internally restricted net assets (Note 8)	-	20,618
Investment in capital seacts	46,181	41,654
Cumulative net unrealized gain on investments	2,175	7,639
Operating net assets	52,346	72,120
Hindowine ats (Note 17)	10,302	10,000
	62,648	82,120
TOTAL LIABILITIES AND NET ASSETS	\$ 300,056	\$302,307

The accompanying notes and schedules are part of these financial statements.

# ALBERTA CANCER BOARD STATEMENT OF OPERATIONS For the Year Ended March 31, 2009 (in thousands)

	7		
	Budget	Actual	Actual
	(Note 10)		
Revenue			
Alberta Health and Wellness contributions (Note 11)	\$ 347,149	\$ 330,500	\$ 305,058
Other government contributions (Note 12)	3,000	7,532	2,058
Fees and charges	5,900	6,987	5,886
Ancillary operations (Note 13)	7,578	7,948	7,144
Donations	8,200	11,107	6,420
Research and education	32,000	29,006	32,001
Investment and other income (Note 14)	29,100	24,425	29,084
Amortized external capital contributions	14,600	13,329	14,504
TOTAL REVENUE	\$ 447,527	\$ 430,834	\$ 402,155
Expenses (Schedule 1)			
Inpatient acute nursing services	20,791	18,259	17,578
Emergency and outpatient services	108,893	110,409	101,710
Community-based care	41,300	44,420	38,715
Diagnostic and therapeutic services	94,996	96,690	88,659
Promotion, prevention and protection services	49,039	33,332	23,843
Research and education	70,014	61,707	58,475
Administration	12,232	13,759	11,019
Information technology	16,900	12,888	13,598
Support services	42,701	47,037	38,657
Amortization of facilities and improvements	5,700	6,643	5,463
TOTAL EXPENSES	462,566	445,144	397,717
(Deficiency) excess of revenue over expense	\$ (15,039)	\$ (14,310)	\$ 4,438

The accompanying notes and schedules are a part of these financial statements.

# ALBERTA CANCER BOARD STATEMENT OF CHANGES IN NET ASSETS

### For the year ended March 31, 2009 (in thousands)

							2	009						_	2008
	surplu	umulated s / (deficit) lote 11)	resi	temally nicted net assets	_	vestment pital assets	un	net net realized gain on estments	Sub-Total	En	downents	_	Total		Total
Balance at beginning of year	\$	2,209	\$	20,618	\$	41,654	\$	7,639	\$ 72,120	\$	10,000	\$	82,120	\$	69,896
(Deficiency) excess of revenue over expense		(14,310)		-		-			(14,310)		-		(14,310)		4,438
Capital assets purchased with internal funds		(13,405)		-		13,405		-	-		-		-		-
Amortization of internally funded capital assets		8,745				(8,745)		•	-		-		-		-
Net unrealized losses on available for sale financial assets arising during the year				-				(4,632)	(4,632)		-		(4,632)		(574)
Transfer of net realized (losses) on investments to revenue		-		-				(832)	(832)				(832)		(1,640)
Net book value of internally funded capital assets disposed		133		~		(133)		-	-		-		-		-
Transfer internally restricted net assets to unrestricted		20,618		(20,618)		-		-	-		-		-		-
Endowment contributions received		-		-		-		-	-		302		302		10,000
Balance at end of year	\$	3,990	\$	-	\$	46,181	\$	2,175	\$ 52,346	\$	10,302	\$	62,648	\$	82,120

The accompanying notes and schedules are part of these financial statements.

### ALBERTA CANCER BOARD STATEMENT OF CASH FLOWS For the year ended March 31, 2009

(in thousands)

	20	2008		
*	Budget	Actual	Actual	
	(Note 10)			
Cash generated from (used by):				
Operating activities:				
(Deficiency) excess of revenue over expenses	\$ (15,039)	\$ (14,310)	\$ 4,438	
Non-cash transactions:				
Amortization (Schedule I)	21,700	22,056	20,944	
Amortized external capital contributions	(14,600)	(13,329)	(14,504)	
Loss on disposal of capital equipment		103	607	
Gain on disposal of investments		(816)	(1,540)	
Changes in non-cash working capital account	(39,768)	28,045	16,698	
Cash generated from (used by) operations	(47,707)	21,749	26,543	
Investing activities:				
Purchase of investments	(12,000)	(16,513)	(17,573)	
Purchase of capital assets:				
internal ly funded - equipment	(13,992)	(13,405)	(13,989)	
internally funded - facility and improvements		-	-	
externally funded - equipment	(17,333)	(11,365)	(6,648)	
externally funded - facility and improvements		-		
Proceeds on sale of investments	12,000	15,064	15,849	
Proceeds on disposal of capital assets	-	45	6	
Allocations to other assets	(35)	(103)	(47)	
Transfer deferred contributions to capital	-	2,270	-	
Transfer to Endowment	•	-	-	
Allocations from non-current cash, cash equivalents and investments	29,605	23,941	5,136	
Clash used by investing activities	(1,755)	(66)	(17,266)	
Financing activities:				
Capital contributions received	5,000	7.628	7,742	
Change in other liabilities	-	(440)	274	
Deferred capital contributions transferred to operations	-	310	(263)	
Cash generated from financing activities	5,000	6,878	7,753	
Increase (decrease) in cash and equivalents	(44,462)	28,561	17,030	
Cash and cash equivalents, beginning of year	84,954	77,762	60,732	
Cash and cash equivalents, end of year	\$ 40,492	\$ 106,323	\$ 77,762	

The accompanying notes and schedules are a part of these financial statements.

# ALBERTA CANCER BOARD NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2009 (In thousands)

### Note 1 Authority, Purpose and Operations

The Alberta Cancer Board (the "Board") was established in 1967 and now operates under the Cancer Programs Act Chapter C-2, Revised Statutes of Alberta, 2000. Riffective April 1, 2009, the Board will be disestablished and all the assets and liabilities will be transferred to Alberta Health Services (Note 18).

The Board is exempt from payment of income tax.

The Board provides cancer services to Albertans through research, diagnosis, treatment, education and prevention programs and it coordinates, in cooperation with others, the planning, development and delivery of provincial cancer services.

The Board's operations include the following facilities and sites:

Cross Cancer Institute - Edmonton

Tom Baker Cancer Centre - Calgary

Regional Cancer Clinics - Grande Prairie, Red Deer, Lethbridge and Medicine Hat

Community Cencer Centers - Camrose, Hinton, Barrhead, Bonnyville, Drumheller, High River, Peace River, Fort McMurray, Cammore, Lloydminster and Drayton Valley

Breest acreening sites - Edmonton and Calgary - plus three mobile vans

Edmonton Radiopharmaceutical Centre - Edmonton

Southern Alberta Cancer Research Institute - Calgary

These financial statements do not include the assets, liabilities and operations of the Alberta Cancer Foundation, the Cross Cancer Institute Volunteer Association, or private facilities providing health services in the province, except as disclosed in Note 15.

### Note 2 Significant Accounting Policies and Reporting Practices

### (a) Basis of Presentation

- (1) These financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Pinancial Directive 34.
- (2) These financial statements use the deferral method, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.

(ii) Externally restricted contributions are recognized as revenue in the year proportional to the related expenses incurred.

Externally restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and then recognized as revenue in the period the related amortization expense of the capital asset is recorded.

- (iii) Endowments and restricted contributions to purchase capital sesets that will not be amortized are treated as direct increases to net assets.
- (iv) Unrestricted investment income is recognized in the year earned.
- (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on available-for-sale financial assets are included directly in not assets or deferred contributions as appropriate, until the asset is removed from the Statement of Financial Position. Unrealized gains and losses on held-for-trading financial assets are included in investment income and recognized as revenue in the Statement of Operations, defeared or reported directly in not assets, depending on the nature of any external restrictions imposed on the investment income. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

### (b) Capital Disclosure

Effective April 1, 2008, the Board implemented new capital disclosure requirements per section 1535 of the CICA Handbook.

The Board's objectives for managing capital are:

- In the abort term to safeguard the board's financial ability to continue to deliver health services and
- In the long term to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of the Board's operating funds are from Alberta Health and Wellness which is paid on the first of each month. As a result, significantly less working capital is required. The Board monitors its working capital and cash flow forecasts.

### Note 2 Significant Accounting Policies and Reporting Practices (continued)

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Board funds the required equipment and systems by a combination of allocating a portion of operating funds and obtaining external funding from charitable donations and capital grants.

### (c) Full cost

The Board accounts for all costs of services for which it is reaponsible. Fair value transactions comprise:

- (i) Revenue that contracted health service operators earn from Ministry of Health and Wellness designated free and charges are recorded as the region's fees and charges and as contracted health acryice expense.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as they represent part of the region's health program costs.
- (iii) Fair value to use facilities not owned by the Board is recorded as other government contributions or donations, and as program expense, since the region's contract payments do not include amounts for use of these facilities.
- (iv) Fair value to use non-acute care facilities not owned by the Board and provided to the region at zero or nominal rent is recorded as other government contributious and as program expense.
- (v) Other assets, supplies and services the Board would otherwise purchase are recorded as reveaue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined. Vokunteers' contributed services are not reported because a fair value cannot be reasonably determined.

### (d) Employee Future Benefits

The Board participates in the Public Service Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating employees, based on years of service and earnings. Defined contribution plan accounting is applied where the Board has insufficient information to apply defined benefit plan accounting.

Peasion costs comprise the employer's contributions for its employees during the year, based on rates expected to provide benefits payable under the pension plans. The Board does not record its portion of the plans' deficit or surplus.

Alberta Health Services (AHS) has approved an additional expense to transfer employees' service from the Public Service Pension Plan to the Local Authorities Pension Plan effective April 1, 2009 (Note 7).

The Board provides a defined benefit Supplemental Executive Retirement Plan (SERP) to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the sverage remaining service life of the group. Current service cost is the actuarial present value of the benefits carned in the fiscal year. Prior service and other costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The SERP is fully funded as the Board contributes to the Plan in quarter one of the next fiscal year an amount equal to the plan deficit, if any. At March 31, 2009, the Plan does not have a deficit.

The Board fully accrues its obligations for employee non-pension future benefits.

### (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted of using the settlement date accounting.

### (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Losns and receivables", financial liabilities classified as "other financial liabilities" and financial assets classified as "held to maturity" are measured at amortized cost using the effective interest method.

### Note 2 Significant Accounting Policies and Reporting Practices (confinned)

The Board has classified its finencial assets and finencial liabilities as follows:

Financial Assets and Liabilities
Cash and cash equivalents
Investments
Accounts receivable
Accounts psyable

Classification
Hield for trading
Available for sale
Loans and receivables
Other financial liabilities

The Board does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Board as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in act assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

The carrying value of Accounts Receivable and Accounts Payable approximate their fair value because of the short term nature of these items. Unless otherwise noted, it is management's opinion that the board is not exposed to aignificant interest, current or credit risks arising from its financial instruments.

### (g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Board adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (moving cost average) and not realizable value.

### (h) Capital Assets

Capital assets and construction in progress are recorded at cost. Capital assets with unit costs less than five thousand dollars are expensed. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

	Uscful Life
Buildings	20-40 year
Parkade	30 years
Building service equipment	20 years
Equipment and Information Systems Equipment	5-20 years
Information Systems auftware and licenses	5 years

Construction in progress is not amortized until the project is complete. Leases transferring substantially all besefits and risks of capital asset ownership are reported as capital asset acquisitions financed by long-term obligations.

### (i) Research Grants

The Board awards grants to carry out cancer research to agencies that are successful applicants through the Board's Research Grant application process. Grants are awarded for projects ranging from one to three years in length. The Board records the full value of the grant awarded as an expense when it has been approved and when the agreement between the Board and the principal investigator has been executed.

### (j) Measurement Uncertainty

These financial statements, by their unture, contain estimates and are subject to measurement uncertainty. Significant management estimates include the amortization period of capital assets, the completeness of accrued liabilities, accounts receivable, allowance for doubtful accounts and economic assumptions related to the Supplemental Executive Retirement Plan. Actual results could differ from estimates.

### Note 3 Cash, Cash Equivalents and Investments

		20	09			2008				
		(thousands ir Macket Value	of do	ilars) Cost	Pa	(thousands ir Market Value	of da	(Incs) Cost		
Cash	5	82,356	\$	82,356	3	78,089	3	78,080		
Money market securities		759		759		1,143		1,143		
Fixed income securities:										
Canadian federal and provincial government bonds		7,269		6,791		7,291		6,872		
Corporate bonsis and debentures		13,810		14,531		14,580		14,848		
Canadian equities		20,357		18,113		24,165		16,676		
United States and foreign equities		224		250	_	249	_	250		
Total current and non-corrent cesh and investments		124,975		122,300	_	125,517	_	117,878		
Clemified ac										
Сшисия		106,323		106,323		77,762		77,762		
Non-current		18,652		16,477		47,755		40,116		
Total cash, cash equivalents and luvestooms	3	124,975	3	122,800	3	125,517	3	117,878		

- (ii) The Consolidation Cash Investment Trust Pund ("CCTTF") of the Province of Alberta is a demand account managed by Alberta Finance with the objective of providing competitive interest income to deposition while maintaining accurity and liquidity of depositors' capital. Interest is eamed on the daily cash balance and the average rate of earnings of the CCTTF varies depending on prevailing market interest rates. The rate of return for the year ended March 31, 2009 was 2.98% (March 31, 2008 4.81%). Included in cash, cash equivalents and investments is \$4,738 (2008 \$327) related to capital and is considered non-current.
- (ii) To optimize returns at an acceptable risk level, management has established a policy asset mix of 45% to 55% for fixed income securities and 45% to 55% for equities. Risk is reduced through diversification.
- (iii) Fixed income securities have an average effective yield of 5.3% (2008 5.03%) per annum for securities matering between 1 and 30 years. As at March 31, 2009, the securities have the following materity structure:

Under 1 year	49
1 to 5 years	379
6 to 10 years	269
Ower 10 years	331

- (iv) Equities comprise publicly-traded securities in major stock markets. Risk is reduced by prudent security selection and sector rotation.
- (v) Included in cumulative net unrealized gain on investments of \$2,175 are unrealized losses of \$2,936.

### Note 3 Cash, Cash Equivalents and Investments (continued)

### Non-current cash and fovestments represent the following:

		2009 (thousand)	ofd	2008 olians)
Externally restricted for capital acquisitions (Note 6)	3	8,350	\$	12,395
Internally restricted net assets (Note 8)		-		20,618
Unrestricted non-current investments		-		4,742
Endowments (Note 17)		10,302		10,000
	\$	18,652	5	47,755

### Note 4 Capital Assets

Land Beilding Building

Perkade Equipmo

Informati Construct

	Cos	£ .			
Capkal Amet	Opening Balance April 1, 2008	Transfess from Work in Progress	Additions	Disposals	Closing Balance March 31, 2009
		(tho	caseds of doll	iars)	
	\$ 4,556	\$ -	\$ .	\$ -	\$ 4,556
	146	-	4	*	150
3	94,804	13,447	5,751	-	114,002
service equipment	39,087	-	-	*	39,087
	5,507	-		-	5,507
est excluding information systems	133,537	3,280	9,341	(1,266)	144,892
ion systems equipment	27,801	-	1,900	(157)	29,544
tion in progress	13,575	(13,575)	140	-	140
on equipment	3,721	(3,211)	7,136		7,646
ion systems softwere and licemen	12,411	59	498		12,968
	\$ 335,145	\$ -	\$ 24,770	\$ (1,423)	\$ 358,492

		A cerement tests	d Americanion		THEE THEE	K VAME
Capital Asset	Opening Bulance April 1, 2008	Cussent year amortimation	Amortization on disposels	Closing Balance March 31, 2009	2009	2008
		(tho uses	de of dollars)		(thousands of	(dollars)
Land	\$ -			\$ -	\$ 4,556	\$ 4,556
Art	-			-	150	146
Buildings	49,659	5,007		54,666	59,332	45,144
Building service equipment	29,400	1,649		31,049	8,038	9,687
Perkade	3,420	189		3,609	1,900	2,087
Equipment excluding information systems	76,354	10,724	(1,119)	85,959	58,933	57,164
Information Systems equipment	18,630	3,351	(156)	21,825	7,719	9,191
Construction in progress				-	140	13,575
Deposits on equipment				~	7,645	3,722
15 software and ficenses	9,398	1,136		10,534	2,434	3,012
	\$ 186,851	\$ 22,056	\$ (1,275)	\$ 207,642	\$ 150,848	\$ 148,284

### Note 4 Capital Assets (continued)

### (a) Level and buildings

in July, 1989, the Board and the University of Alberta (the "University") jointly completed the construction of a parkade on land owned by the University adjoining the Cross Cancer Institute. The Board incurred expenditures of \$5,507 on the parkade which amounted to 62.5% of the cost of the parkade. In return, the University granted the Board 62.5% of the use of the parkade rest-free until the year 2009, with two additional five year renewal terms. The Board pays a portion of the parkade's operating costs.

### Capital sessis were funded from the following sources:

	2009	2008
	(thousand	s of dollars)
Externally funded (unamortized external capital contributions) internally funded (investment in capital assets)	\$ 104,667 46,181	\$ 106,630 41,654
	\$ 150,848	\$ 148,284

### **Deferred Contributions**

The balance at the end of the year is restricted for the following purposes:

•		2009			
		of do	llars)		
Research	\$	20,616	\$	15,496	
Programs and services		35,196		7,355	
Capital projects and renovations		4,270		2,939	
Clinical trials		3,602		3,841	
Legacy fund program initiatives		5,110		18,798	
	\$	68,794	\$	48,429	

### Note 6 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

		2009		2008
		(thousand	de of do	flars)
Equipment replacement	s	1.128	s	1,670
New construction		365		1.025
Information technology equipment and software		1,208		2,080
New equipment		5,649		7,620
	5	8,350	\$	12,395

### Note 7 Long-Term Employee Benefits

### (a) Public Service Pennion Flam (PSPP)

The Board participates in the PSPP, which is a multi-employer defined benefit plan. Pension expense in these financial statements is equal to the Board's annual contributions payable \$8,644 for the year ended March 31, 2009 (2008 - \$7,799).

Alberta Health Services (AHS) has approved an additional expense to transfer employees' service from the Public Service Peasion Plan to the Local Authorities Pension Plan effective April 1, 2009. The additional expense is estimated at \$5.3 Million and is recorded in the financial statements of East Central Health.

At December 31, 2008, the PSPP reported an actuarial deficit of \$1,187,538 (2007 - deficit \$92,509).

### Note 7 Long-Term Employee Benefits (continued)

### (b) Supplemental Executive Retirement Plan (SERP)

	 2009		2008
	(thousand	of dollars)	
Accroed benefit obligation, beginning of year	\$ 3,498	\$	2,586
Current aervice cost	328		434
Interest cost	200		157
Benefits paid	(24)		131
Actuarial (gain)/loss	(397)		321
Accrued benefit obligation, end of year	3,605		3,498
Punded status of plan surplus/(deficit)	170		(294)
Unamortized actuarial loss	455		705
Unamortized prior service costs	333		444
Accrued SERP annet	958		855
Current service cost	328		434
Interest cost	200		157
Amortization of prior service costs	111		111
Amortization of net actuarial loss	250		59
Expected return on plan assets	(96)		(73)
SERP expense	\$ 793	3	688
Assumptions at end of year			
Discount rate	6.2%		5.2%
Expected average remaining service life of employees	8 years		8 years
Salary scale increases	4%		495

The above information is based on the annual actuarial valuation performed as of March 31, 2009. The Board's SERP is fully funded on an annual basis.

Plan assets (held by trustee)			2009			2008
Employer contributions Actual return on plan assets Taxes paid Market value (less than) over cost		\$	1,778 302 (27) (290)		\$	1,539 100 (33) 3
Fair value of assets - March 31, 2009 Fixed income			1,763			1,609
Common stocks Cash on hand	889 873 1			721 751 137		
Plan essets (held by Canada Revenue Agency) Employer contributions paid as refundable taxes Taxes paid on plan income Total refundable taxes		s	1,985 27		s	1,562
	-		2,012			1,595
Total plan assets			3,775			3,204
Funded status of plan - (surplus)/deficit	-	\$	(170)		\$	294

### Note 8 Accumulated Surplus

The Board's accumulated surplus comprises the following:

200 Double a mechanism of surprise Comprises the 101104mg.		2009		2008
	(thousands of doll			
Unrestricted net assets	\$	3,990	\$	2,209
Internally restricted net assets:				
Drug Reserve		-		7,200
Committed capital equipment replacement		-		7,193
Breast Centre, Prostate Centre and Clinical Reserves		-		3,500
Edmonton Radiopharmaceutical Centre		-		2,725
		-		20,618
	\$	3,990	\$	22,827

The Alberta Health Services Board has unrestricted all funds that were previously internally restricted.

### Note 9 Commitments and Contingencies

### (a) Commitments:

Future minimum lease payments under operating leases relating primarily to office and warehouse space are as follows:

	(thousands of dollars)
2010	\$ 4,878
2011	4,815
2012	4,880
2013	4,957
2014	918
Thereafter	1,796
	\$ 22,244

The Board is also responsible for its portion of operating costs related to office and warehouse space.

### (b) Contingencies:

The Board is a defendant in various lawsuits as of March 31, 2009. While it is not possible to estimate the ultimate liability with respect to the pending litigation, the Board is satisfied that there will be no material adverse impact on the financial position of the Board as of March 31, 2009.

### Note 10 Budget

The budget was approved by the Board on May  $6^{th}$ , 2008 and submitted to the Minister of Health and Wellness.

### Note 11 Alberta Health and Wellness Contributions

	200	9		2008
	(th	ousand	s of d	loliars)
Unrestricted contributions	\$ 294	186	\$	277,533
Transfers from deferred contributions for:				
Logacy research	29.	624		21.396
Renovations and repairs	3,	573		834
Raditation thempy corridor project	1,	412		-
Screening programs	1,	181		4.462
Information systems programs		310		729
Telehealth program		214		104
	\$ 330,	500	\$	305,058

### Note 12 Other Government Contributions

		2009		2008
		(thousand	of do	llars)
Government of Canada Alberta Government:	\$	5,046	\$	2,048
Transition grant from Bast Central Health		1,878		-
EMS transition grant from Hast Central Health		608		-
Alberta Alcohol and Drug Abuse Commission		-		10
	3	7,532	\$	2,058

### Note 13 Ancillary Operations

	_	_	_	(how	_	ds of dollars	)		-01	housed	008 s of c	iolians)
	R	CYCOMIC		Direct spenses		Amortination Expense	•	Excess deficiency) of Revenue over Expense	R	evenue.	(def	iciency) Levenue over spenne
Parking operations	\$	1,166	\$	763	3	-	3		\$	1,196	\$	323
Non-patient food services Edmonton Radiopharmaceutical Centre		5,189		4,828		12		(70) 319		LA31 4517		(85)
Total	3	7,948	\$	_	3	243	1		3	7,144	\$	(33)

Parking operations and Non-patient food services are reported in Support services on the statement of operations.

Bitmonton Radiopharmaceutical Center is reported in Diagnostic and therapeutic services on the statement of operations.

### Note 14 Investment and other income

	2009	2008		
	(thousands of dollar			
levestment income	\$ 2,255	\$ 5,963		
Drug rebates and other recoveries	16,562	17,513		
Calgary Health Region Bone Marrow Transplant Program	5,608 5			
	\$ 24,425	\$ 29,084		

Investment income comprises interest, dividends, amortization of discounts (premiums) and net gains/losses on disposal of investments.

### Note 15 Related Parties

### (a) Province of Alberta and Health Authorities

The Minister of Health and Wellness appoints members of the Board. The Board is economically dependent on the Ministry of Health and Wellness (the "Ministry") since the viability of its ongoing operations depends on contributions from the Ministry.

The Board has the following transactions with other Health Authorities recorded on the Statement of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

	(thousands of dollum)								_		(ti	20 nousande	008 s of c	iolius)	_	
	B	Revenue Espenae Receivable Payable				B	VCEOC	E	penac	Res	girable	B	tyable			
Other Regional Health Authorities and Provincial Health Boards	3	12,516	\$	27,783	\$	4,479	\$	5,859	3	7,166	\$	31,419	\$	-	8	8,514
Flealth Quality Council of Alberta		*		104		-		103	L	•		1		-		
Total	5	12,516	s	27,889	5	4,479	3	5,962	3	7,166	\$	31,420	5		\$	8,514

### (b) Foundations

### Alberta Cancer Foundation

The Board controls the Alberta Cancer Foundation (the "Foundation") which raises money for cancer research and other cancer related activities and services. The Foundation is registered with Canada Revenue Agency as a charitable foundation.

The Foundation is not consolidated in these financial statements. If the Board had consolidated the Foundation, using the modified equity method, the unrestricted operating results, and unrestricted net assets would have decreased by \$1,327 (2008 – increased \$2,824) and \$630 (2008 – \$3,209), respectively. Audited financial statements of the Foundation are available upon request.

### Note 15 Related Parties (continued)

A financial summary of the Foundation as at March 31, 2009 and 2008 for the years then ended is as follows:

2009	2008
(thousands	of dollars)
\$ 81,087	\$ 91,756
1,951	1,066
\$ 79,136	\$ 90,690
\$ 21,415	\$ 28,114
21,367	25,073
\$ 48	\$ 3,041
\$ (1,339)	\$ 217
1,387	2,824
\$ 48	\$ 3,041
	(thousands \$ 81,087 1,951 \$ 79,136 \$ 21,415 21,367 \$ 48 \$ (1,339) 1,387

Co	nicibutions n	corived	by Board	R	esources held	by Four	dation		
	Year ende	March	131,		at March	31, 2009	)		
	2009		2008	R	estricted	Unvestricted			
			(fhonsand	of doi	lars)				
\$	15,563	5	20,371	\$	78,507	\$	629		

 (i) At March 31, 2009 the Foundation owed to the Board \$787 which is included in Accounts Receivable (2008 - \$367 due to the Board).

### (c) Other Related Parties

The Board exercises aignificant influence over the Cross Cancer Institute Volunteer Association (the "Association") which was incorporated under the Societies Act of the Province of Alberta to provide services for the care and comfort of patients of the Cross Cancer Institute.

The net revenues were expended by the Association, at its discretion in accordance with the Board's objectives.

### Note 15 Related Parties (continued)

A financial summary of the Association as at March 31, 2009 and 2006 for the years then ended is as follows:

	(II	2009 Oraft - indited ousand	(uni	2008 sudited) ollars)
Total assets	\$	492	\$	615
Total liabilities		1		194
Net assets	\$	491	3	421
Revenue	\$	570	s	455
Expenses		589		416
Excess/(Deficiency) of revenue over expenses	\$	(19)	\$	39

### Note 16 Trust Funds

The Board receives funds in trust for conferences, etc. These amounts are not reported in the financial statements. During the year the Board received \$182 and disbursed \$237. The balance of funds held by the Board at March 31, 2009 is \$235 (2008 - \$289).

### Note 17 Endowment

The Endowment is internally restricted and is designated for use as a Research Chair for the Director of the Alberta Cancer Research Institute (ACRI). The principal amount of \$10,000 is required to be maintained and all investment proceeds are available for use. Proceeds from the fund are to be used for the salary, infrastructure and operating grant support for the ACRI Directors Research. During the year, \$302 of investment proceeds were allocated to the ACRI Director Research Chair and none was spent.

### Note 18 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health services delivery in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberts Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission (AADAC). Effective April 1, 2009, all of these entities including the Board but excluding East Central Health will be disestablished and all of the assets, liabilities, rights and obligations of these entities will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

### Note 19 Transition and Restructuring Costs

As at March 31, 2009, the Board recorded transition costs and restructuring charges in the Statement of Operations. The charges consist of severance costs and termination benefits, retention payments, professional services, consulting expenses and other applicable transition expenses. In the Statement of Operations, these charges are included in Administration.

	Severance Related Charges		Oti	her rges		Total				
	(thousands of dollars)									
Liability as at March 31, 2008	\$		\$		5					
Amounts expensed		2,194				2,194				
Amounts capitalized		-								
Payments made during the year		(1,843)				(1,843)				
Liability as at March 31, 2009	\$	351	\$		\$	351				

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of AHS transitioning and the Board has received a receivable from East Central Health for the transition costs incurred as described above.

### Note 20 Comparative Figures

Certain 2008 figures have been reclassified to match their 2009 presentation.

### Note 21 Approval of Financial Statements

These financial statements have been approved by the Board.

### ALBERTA CANCER BOARD SCHEDULE OF EXPENSES BY ORJECT

### For the year ended March 31, 2009

(in thousands)

		Budget		2009		2008
	0	lote 12)				
Salaries and benefits (Schedule 2)	\$	168,804	3	159,189	3	137,590
Drugs and gases		104,828		98,596		100,201
Medical and surgical supplies		4,707		4,897		4,533
Other contracted services (a)		69,193		51,268		47,191
Referred out services		30,840		36,060		27,840
Supplies		26,738		16,629		25,430
Equipment and IT maintenance		6,953		9,015		6,299
Other (b)		28,803		47,434		27,689
Amortivation:						
Capital equipment - internally funded		7,100		8,745		6,992
Capital equipment - externally funded		8,700		6,480		8,300
Facilities and improvements		5,900		6,831		5,652
	\$	462,566	3	445,144	5	397,717
(a) Other Contracted services include the following:			=	2009	=	2008
Medical purchased services			3	40,750	8	37,529
Other purchased services				179		333
Legal Fors				117		100
Other professional free				10,222		9,229
			5	51,268	\$	47, 191
(a) Other includes the following:				2009	_	2008
Travel and recruitment			3	4,393	\$	4,313
Licence fees				1,587		672
Office rest				8,332		4,864
Land and building improvements				1,748		853
Major equipment				4,506		2,465
Grants				23,826		12,696
Other			_	3,042	_	1,826
			3	47,434	3	27,689

Schedule 1

### ALBERTA CANCER BOARD SCHEDULE OF SALARIES AND BENEFITS

March 31, 2009

					200	19				2000	8
	Number of FTEs(1)	Base Salary (2)	Other Cash Benefits (1)	Other Cash Bene		Sub Total	Number of	Severance (1)	Total	Number of FTEs(1)	Total
Board Chair (18)											
Ken Hughes - AHS	0.88	\$ .	. 2	\$	- 1			\$ - :		- \$	
Gary Campbell	0.15		9			9			9	1.00	51
Board Members (14)											
Jack Ady - AHS	0.88										
Pierre Crevolin - AHS	0.21										
Catherine Roomn - AHS	0.63										
Linda Hobol - AHS	0.88										
John Lehners - AHS	0.88										
Irene Lewis - AHS	0.88										
Don Siehen - ARS	0.88										
Lori Andreachuk - AHS	0.33										
Gord Bontje AHS	0.33										
Teri Lynn Bougic - AHS	0.33										
Jim Clifford - AHS	0.33										
Strater Crowfoot - AHS	0.33										
Tony Franceschini - AHS	0.33										
Andreas Laupacis - AHS	0.33										
Gord Winkel - AHS	0.33										
lean Agrics	0.15		2			2			2	1.00	2
Patricia Jones (to July 31, 2007)										0.30	1
Allan Hargreaves	0.15		2			2			2	1.00	i
Ron Hierath	0.15		1			1			1	1.00	4
Richard Melchin	0.15		1			1			1	1.00	2
Irene Nicolann	0.15		4			4			4	1.00	3
Mary O'Neill	0.15		1			1			1	1.00	2
Brian Rogers	0.15		2			2			2	1.00	3
Catheriae Roozen	0.15	-	2			2			2	1.00	4
Bron wyn Skouth	0.15		2			2	-		2	1.00	1
	10.26	\$ -	\$ 26	\$	- \$	26		\$ - \$	26	10.30 \$	74

# ALBERTA CANCER BOARD SCHEDULE OF SALARIES AND BENEFITS March 31, 2009

	2009					200	2008				
	Number of FTEs(1)	Base Salary (2)	Other Cash Benefits (5)	Other No Chain Benefits		Sub Total	Number of FTEs(1)	Severance (9)	Total	Number of FTEs(1)	Total
Board Direct Reports 6) President and Chief Executive Officer - AHS (1)	0.00				_			\$ - :			
Interim Chief Executive Officer - AHS(11)	0.02	*		\$	- \$			\$ - :		-	-
Chief Executive Officer (9)(11)(12)	0.85	140	35		65	220	1.00	1,843	2,063	1.00	712
CHO Direct Reports (7)											
Interim Chief Operating Officer, Health Strategies Research & Design - AHS 4902)	1.00	324			70	394	1.00	351	745	1.00	366
Vice President Cross Cancer Institute	1.00	223		1	05	328			328	1.00	311
Vice President Medical Affairs & Community Oncology	1.00	305		1	34	439			439	1.00	395
Associate Vice President and CIO	0.53	215			69	284		-	284		
Vice President Population, Health & Information					35	35			35	1.00	473
Vice President Tom Baker Cancer Clinic	1.00	429			93	522			522	1.00	490
Vice President Research	0.60	149			1	150			150	0.60	137
Total Board and Executive	16.53	1,785	61	5:	52	2,398	2.00	2,194	4,592	16.90	2,958
Management reporting to CEO Direct Reports	28.93	3,641	36	5	04	4,181	1.00	137	4,318	36.00	4,207
Other management	388.02	29,390	411	4,6	22	34,423	3.00	135	34,558	337.20	27,757
Medical Doctors	22.90	6,651	23	7	15	7,389	2.00	219	7,608	21.90	6,543
Regulated nurses:											
- RNs, RPNs, Grad navies	287.55	23,469	1,355	4,2	27	29,051	-	-	29,051	263.80	27,150
- LPNs	5.32	277	14		54	345			345	5.50	239
Other health technical & professionals	487.98	38,547	2,074	6,5	06	47,127	1.00	63	47,190	460.20	43,685
Unregulated health service providers		-			*		-				
Other staff	592.74	26,501	902	4,6	55	32,058	2.00	7	32,065	528.70	25,547
Grand Tetal	1,829.97	\$ 130,261	\$ 4,877	\$ 21.8	35 \$	156,972	11.00	\$ 2,755	159,727	1,670.20	\$ 138,086

Schedule 2 (continued)

### ALBERTA CANCER BOARD SCHEDULE OF SALARIES AND BENEFITS March 31, 2009

- Pall Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each employee. Total actual
  discrete number of individuals employed: 2,902 (2008 2,251). "Discrete" number of individuals refers to all
  employees who were in the system during the fixeal year.
- (2) Base salary includes pensionable base pay.
- (3) Other cash benefits include bonuses, overtime, lump sum payments and honoraria.
- (4) Other non-cash benefits include:
  - Employer's current and prior service cost of the Supplemental Executive Retirement Plan reported in some 13 below.
  - b. Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans, professional membership and trition and:
  - Employer's share of the cost of additional benefits including sabbaticals or other special leave with pay and travel allowances.
- (5) Severance includes direct or indirect payments to individuals upon termination, which are not included in other henefits.
- (6) Board Direct Reports reflect FTE's and costs for the entire 08-09 fiscal year based on the titting and positioning that existed as at May 15, 2008.
- (7) CBO Direct Reports reflect FTE's and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted below.
- (8) On July 8, 2006, the VP Operations of the Board was appointed the Interim Chief Operating Officer, Health Strategies Research & Design - Alberta Health Services. Salaries and benefits are reported in the accounts of the Board.
- (9) Automobile provided. No dollar amount included in other non-cash benefits.
- (10) On May 15, 2008, the Board's board, along with the other regional health authority boards, was replaced by the AHS interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 members board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statement of Bast Central Health.
- (11) On July 8, 2008 the Board's CBO was terminated. The Interim CBO ARS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial boath authority. Salary and benefits of the Interim CBO ARS are reported and disclosed in the financial statements of Bast Cestral Health. The President and CBO ARS was appointed effective March 23, 2009. Salary and benefits of the President and CBO ARS are reported and disclosed in the financial statements of Bast Central Health.
- (12) The Chief Executive Officer of the ACB and the Interim Chief Operating Officer, Health Strategies Research & Design ARS have not made an election regarding their Supplemental Executive Retirement Plan pension income arrangement.

Schedule 2 (continued)

### ALBERTA CANCER BOARD SCHEDULE OF SALARIES AND BENEFITS March 31, 2009

(13) Supplemental Executive Retirement Plan (SERP)

Under the terms of the Supplemental Executive Retirement Plan, executive officers may receive supplemental retirement payments. Retirement arrangements costs as detailed below are not cash payments in the period but are the period expense for rights to future compensation. Costs shown reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SERP provides future pension benefits to participants based on years of service and carnings.

### SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT

GOLF ENGLISHED BEING OFF			2	009		2008	
		arrent ice Cost	and	Service Other losts	Total	1	otal
Chief Executive Officer	\$	25	\$	309	\$ 334	\$	190
Interim Chief Operating Officer, Health Strategies Research & Desian - AHS		42		11	53		46
Vice President Tom Haker Cancer Centre		66		5	71		59
Vice President Cross Cancer Institute		70		35	105		92
Associate Vice President and CIO		56		3	59		-
Vice President Medical Affairs and Community Oncology		70		64	134		118
Other		-		37	37		183
	5	329	\$	464	\$ 793	\$	688

The accrued obligation for each member under the SERP is outlined in the following table:

	Ob Ma	A	mges in ccroed ligation	Accrued Obligation Merch 31, 2009		
Chief Executive Officer	\$	1,587	3	87	\$	1,674
Interim Chief Operating Officer, Health Strategies Research & Design - AHS		194		16		210
Vice President Tom Baker Cancer Centre		94		44		138
Vice President Cross Cancer Institute		391		44		435
Associate Vice President and CIO		26		41		67
Vice President Medical Affairs and Community Oncology		609		(13)		596
Other		597		(112)		485
	\$	3,498	\$	107	\$	3,605

(14) Total Stuff Compensation:

,		2009		2008	
	(in thousands of dollar				
Salaries and Benefits (Schedule 1)	\$	159,189	\$	137,590	
Legal fees related to severance		10			
Other Contracted Services		528		496	
	\$	159,727	\$	138,086	
			-		

# HEALTH QUALITY COUNCIL OF ALBERTA FINANCIAL STATEMENTS MARCH 31, 2009

Statement of Management Responsibility

Auditor's Report

Statement of Financial Position

Statem and of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefits

# HEALTH QUALITY COUNCIL OF ALBERTA MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes to review internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The Council members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommende the financial statements to the Health Quality Council of Alberta Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed]

Chief Executive Officer Dr. John Cowell June 15, 2009 [Original signed]

Controller Tim Wall June 15, 2009



### **Auditor's Report**

To the Members of the Health Quality Council of Alberta and the Minister of Health and Wellness

I have audited the statement of financial position of the Health Quality Council of Alberta (the Council) as at March 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Council's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evil supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Council as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
PCA
Auditor General

Edmonton, Alberta June 15, 2009

# HEALTH QUALITY COUNCIL OF ALBERTA STATEMENT OF FINANCIAL POSITION As at March 31, 2009

(In thousands)

(in thousands)		
	2009	2008
	Actual	Actual
ASSETS		
Carrent:		
Cash and cash equivalents	\$ 1,649	\$ 2,003
Accounts receivable	154	97
Inventories		62
Propaid expenses	1	2
	1,804	2,164
Capital assets (Note 3)	76	27
TOTAL ASSETS	\$ 1,880	\$ 2,191
LIABILITIES AND NET ASSETS		
Corrent:		
Accounts payable and accrued liabilities	\$ 428	\$ 531
Accrued vacation payable	128	91
Deferred contributions (Note 4)	808	1,026
	1,364	1,648
Net assets:		
Accumulated surplus (Note 6)	440	443
Internally restricted		73
Investment in capital assets	76	27
	516	543
TOTAL LIABILITIES AND NET ASSETS	\$ 1,880	\$ 2,191

The accompanying notes and achedules are part of these financial statements.

(in thousands)

(Deficiency) excess of revenue over expense	TOTAL EXPENSES	Expenses (Schedule 1): Administration Information technology	TOTAL REVENUE	Revenue: Alberta Health and Wellness contributions (Note 9) Investment and other income (Note 10)		
\$ (73)	5,190	5,089 101	5,117	\$ 5,052	Budget	20
\$ (27)	4,455	4,314 141	4,428	\$ 4,243 185	Actual	2009
\$ 241	4,156	4,100 56	4,397	\$ 3,804 593	Actual	2008

The accompanying notes and schedules are part of these financial statements.

# HEALTH QUALITY COUNCIL OF ALBERTA STATEMENT OF CHANGES IN NET ASSETS

### For the year ended March 31, 2009

(in thousands)

Balance at March 31, 2008
(Deficiency) excess of revenue over expense
Transfer from internally restricted
Capital assets purchased with internal funds
Amortization of internally funded capital assets
Balance at end of year

		2009			2	008
stricted ote 6)	Rest	rnally tricted ote 6)	tment in	Total	Т	otal
\$ 443	\$	73	\$ 27	\$ 543	\$	302
(27)		-	-	(27)		241
73		(73)	-	-		-
(142)		-	142	-		-
93		-	(93)	-		
\$ 440	\$	-	\$ 76	\$ 516	\$	543

The accompanying notes and schedules are part of these financial statements.

### HEALTH QUALITY COUNCIL OF ALBERTA STATEMENT OF CASH FLOWS

For the year ended March 31, 2009 (In thousands)

(an account	2009	2000	
		Actual	Actual
Cash generated from (used by):			
Operating activities:			
(Deficiency) excess of revenue over expenses	\$ (73) \$	(27)	\$ 241
Non-cash transactions:			
Amortization (Note 3)	27	93	45
Changes in non-cash working capital account	(1,203)	(278)	1,305
Cash (used by) generated from operations	(1,249)	(212)	1,591
Investing activities:			
Purchase of capital assets:			
internally funded	(100)	(142)	(5)
Cash used by investing activities	(100)	(142)	(5)
(Decrease) increase in cash and cash equivalents	(1,349)	(354)	1,586
Cash and cash equivalents, beginning of year	2,003	2,003	417
Cash and cash equivalents, end of year	\$ 654 \$	1,649	\$ 2,003

The accompanying notes and schedules are part of these financial statements.

# HEALTH QUALITY COUNCIL OF ALBERTA NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2009 (In thousands)

### Note 1 Authority, Purpose and Operations

The Health Quality Council of Alberta (the "Council") was established July 1, 2006 under the Alberta Regional Health Authorities Act, is considered a non-profit organization under the Income Tax Act and exempt from payment of income tax.

The Council is engaged in promoting and improving patient safety and health service quality across Alberta.

### Note 2 Significant Accounting Policies and Reporting Practices

### (a) Basis of Presentation

- (1) The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Alberta Health and Wellness' Financial Directive 34.
- (2) Those financial statements use the deferral method, key elements of which are:
  - (i) Unrestricted contributions are recognized as revenue in the year receivable.
  - (ii) Restricted non-capital contributions are recognized as revenue in the year the related expenses are incurred.
  - (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unumortized external capital contributions and recognized as revenue in the period the related amortization expense of the capital asset is recorded.
  - (iv) Unrestricted investment income is recognized as revenue when carned.

### (b) Capital Disclosure

Bffective April 1, 2008, the Council implemented new capital disclosure requirements per section 1535 of the CICA Handbook.

The Council's objectives for managing capital are:

- In the abort term to safeguard the Council's financial ability to continue to deliver services and
- . In the long term to plan to meet future needs for the Council's services.

The majority of the Council's operating funds are from Alberta Health and Wellness which are paid quarterly. As a result, significantly less working capital is required. The Council monitors its working capital and cash flow forecasts.

### (c) Full cost

The Council accounts for all costs of services for which it is responsible. Pair value transactions comprise of:

 Assets, supplies and services the Council would otherwise purchase are recorded as revenue and expense, at fair value at the date of contribution, when a fair value can be reasonably determined.

### (d) Employee Future Benefits

The Council participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for participating eroployees based on years of service and earnings. Defined contribution plan accounting is applied where information is insufficient to apply defined benefit plan accounting. Pension costs comprise the employer's contributions during the year, based on rates expected to provide benefits payable under the pension plans.

The Council does not record its portion of the plan's deficit or surplus.

### (e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

### Note 2 Significant Accounting Policies and Reporting Practices (continued)

### (f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets and financial liabilities classified as "held for trading" are measured at fair value with changes in those fair values recognized in the Statement of Operations or deferred contributions. "Loans and receivables" and financial liabilities are classified as "other financial liabilities" and are measured at amortized cost using the inflority interest surched.

The Council has classified its financial assets and financial liabilities as follows:

inancial Assets and Liabilities	Classification
Cush and cash equivalents	held for trading
Accounts receivable	loans and receivables
Accounts payable	other financial liabilities

The Council does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Council as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

### (g) Inventories

All inventories are valued at the lower of cost, using first in first out, or net realizable value.

### (h) Capital Assets

Capital assets are recorded at cost and amortized over their estimated useful lives on a straight-line basis as follows:

	Useful Life
Computer Equipment	2 уюнтв
Information System	2 years
Purniture	3 уемля

Capital assets with unit costs less than five thousand dollars are expensed.

### (i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. The amounts recorded for amortization of capital assets are based on estimates of the useful life of the related assets. Actual results could differ from estimates.

### Note 3 Capital Assets

Cast

Capital Asset	Opening Balance April 1, 2008		Additions		Disposals		Closing Balance March 31, 2009	
Computer Equipment	\$	88	\$	10	s	-	-	98
Information System		-		102				102
Pumituse		-		30				30
	8	88	\$	142	\$		S	230

Accumulated Americation

	Opening Balance April I, 2008		Amortization on Disposals		Net Book Value 2009	Net Book Value 2008
Computer Equipment	\$ 61	\$ 32	\$ -	\$ 93	\$ 5	\$ 27
Information System	-	51	-	51	51	-
Purmiture		10	-	10	20	-
Total	\$ 61	\$ 93	\$ -	\$ 154	\$ 76	\$ 27

### Note 4 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

Covered			(00)	_ 2	2006
-	Long Term Care Survey	\$	33	\$	199
	Research on Quality and Safety		250		250
	Medication Management		525		577
Total		8	808	\$	1,026

### Note 5 Pension Expense

The Council participates in the Local Authorities Pension Plan, which is a multi-employer defined benefit plan. The pension expense recorded in these financial statements is equivalent to Health Quality Council of Alberta's annual contributions payable of \$119 for the year ended March 31, 2009 (2008 \$77).

At December 31, 2008, the Local Authorities Pension Plan reported a deficiency of \$4,413,971 (2007 deficiency \$1,183,334).

### Note 6 Accumulated Surplus

The Council's accumulated surplus comprises the following:

	2	2009	. 2	8008
Unrestricted net assets	8	440	3	443
Internally reatricted net assets				
Amounts appropriated for critical incident review		-		235
Amounts appropriated for University of Alberta contract		73		73
Current year use		(73)		(235)
Sub-total - internally restricted net assets				73
	\$	440	\$	516

### Note 7 Commitments and Contingencies

The Health Quality Council of Alberta is committed to contract payments in future years as follows:

2009 / 2010	\$734
2010 / 2011	734
2011/2012	343
2012 / 2013	71
2013 / 2014	30

An "Assignment of Partial Leasehold Interest" agreement was put into place for April 01, 2007 to June 30, 2011. This commits the Health Quality Council of Alberta to annual rent in the amount of \$132 and additional rent, subject to adjustment in accordance with the lease of \$94 annually.

Health Quality Council of Alberta signed a 5 year lease for office space in Edmonton with annual rent in the amount of \$47 and additional rent, subject to adjustment in accordance with the lease of \$20 annually.

Health Quality Council of Alberta has a commitment with Dr. John W. Cowell Consulting Ltd. to receive executive oversight. The value of the commitment as at March 31, 2009 is \$36 per month and extends until September 2011.

### Note 8 Budget

The budget was approved by the Board on June 26, 2006, and submitted to the Minister of Health and Wellness.

### HEALTH QUALITY COUNCIL OF ALBERTA SCHEDULE OF EXPENSES BY OBJECT

### For the year caded March 31, 2009

(in the	mands)	09	2008
	Budget	Actual	Actual
Salarics and Benefits (Schedule 2) Other **	\$ 1,960 3,204	\$ 2,078 2,284	\$ 1,560 2,551
Amortization: Capital equipment - internally funded	26	93	45
	\$ 5,190	\$ 4,455	\$ 4,156
*Other:			
Office, general supplies, miscellaneous	\$ 569	\$ 474	\$ 560
Referred-out services	1,702	1,177	1,456
Studentships / Grants	250	214	157
Lease, Pees and Minor Equipment	332	278	322
Research	250	-	*
Information Technology	101	141	56
	\$ 3,204	\$ 2,284	\$ 2,551

Note 9	Alberta Health	and Wellness	Contributions
--------	----------------	--------------	---------------

		2009		2008	
Unrestricted contributions Transfers from deferred contributions	5	4,026 217	\$	3,230 574	
	\$	4,243	\$	3,804	

### Note 10 Investment and other income

	2009	2008
Investment income	\$ 41	\$ 73
Other revenue	144	520
	\$ 185	\$ 593

Investment income comprises of bank interest.

### Note 11 Related Parties

### (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints the members of the Health Quality Council of Alberta. The Council is economically dependent on the Ministry of Health and Wellness since the viability of its operations depends on contributions from the Ministry.

The Council had the following transactions with other health regions recorded in the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related

					0009						2008					
Region	Re	renne	Bo	ense	Rec	eivable	Payat	生	Rev	епис	Bape	nse	Receiv	able	Paya	blo
Alberta Mental Health Board	\$		\$	2	3	-	\$	-				-		*		*
Aspen Regional Health Authority		2				-		-				*		*		
Calgary Health Region	1	6		44		2			1	514		26		-		9
Capital Health		1		*		-		-		5		*		-		-
Chinook Regional Health Authority	1	2		-		-		-	1	*		*		-		-
David Thompson Regional Health Authority		4		1		*		-				*		*		-
Bast Contral Health		2		2		-		-		5		*		*		*
Northern Lights Health Region		3				-		~		2				-		
Paliser Health Region		3		-				-		-		*		*		-
Alberta Cancer Board		104			-	103			-	1				-		-
Total	8	127	8	49	\$	105	\$ -		8	527	\$	26	8	*	8	9

### Note 12 Comparative Figures

Certain 2008 figures have been reclassified to match their 2009 presentation.

### Note 13 Approval of Financial Statements

These financial statements have been approved by the Health Quality Council of Alberta Board.

### HEALTH OUALITY COUNCIL OF ALBERTA SCHEDULE OF SALARIES AND BENEFITS

# For the year ended March 31, 2009 (in thousands)

						(200		200	9					2	2008	3
	Number of FIEs (1)		e Salary (2)	and (Be	noraria Other Cash nefits	No	other n-Cash nefits (4)	Si	ib Total	Number of FIEs (1)	Sev	erance	<b>Fotal</b>	Number of FIEs (1)		Total
Council Chair																
L. Tyrrell	-	\$	-	\$	15	\$	-	\$	15	-	\$	-	\$ 15	-	\$	13
Board members																
Vacant	-		-		-		-		-	-		-	-	-		-
B. Johnston	-		-		-		-		-	-		-	-	-		1
T. Klassen	-		-		1		-		1	-		-	1	-		2
B. Laing	-		-		6		-		6	-		-	6	-		14
M. Lee	-		-		6		-		6	-		-	6	-		3
P. Norton	-		-		1		-		1	-		-	1	-		1
L. Steinman	-		-		8		-		8	-		~	8	-		5
D. Tupper	-		-		5		***		5	-		-	5	-		5
P. Pelton	-		-		1		-		1	-		-	1	-		-
D. Schoppflocher	-		-		-		-		-	-		-	-	-		-
C. Skappak			-		-		-			-			 	-		-
Sub-total	-		-		28		-		28	-		-	28	~		31
Board Direct Report																
Chief Executive Officer (5)	1.0		415		24		-		439	-		-	439	1.0		424
Management reporting to CEC																
Executive Director	1.0		135		8		19		162	-		-	162	1.0		147
Patient Safety Lead (6)	1.0		123		6		17		146	-		-	146	-		-
Controller (7)	1.0		115		4		16		135	-		-	135	-		
Sub-total	3.0		373		18		52		443	-		-	443	1.0		147
Total Board and Executive	4.0		788		85		52		925	-		-	925	2.0		615
Other staff reporting directly to t		bove														
Management	6.4		649		26		118		793	-		-	793	6.4		680
Staff	7.8		295		6		59		360	-		-	 360	4.8		265
Sub-total	14.2		944		32		177		1,153	-		-	1,153	11.2		945
Grand Total	18.2	\$	1,732	\$	117	\$	229	\$	2,078	-		-	\$ 2,078	13.2	\$	1,560

# HEALTH QUALTIY COUNCIL OF ALBERTA SCHEDULE OF SALARIES AND BENEFITS For the year ended March 31, 2009

(1) Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee

Total actual discrete number of individuals employed\*: 19 (2008 - 14). "Discrete" number of individuals refers to all employees who were in the system during the fiscal year

- (2) Base salary includes pensionable base pay.
- (3) Other cash benefits include bonuses, overtime, lump sum payments and honoraria
- (4) Other non-cash benefits include:
- P. Share of all employee benefits and contributions or payments made on behalf of employees including insurance, accidental disability and dismemberment insurance, long and short term disability plans, pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life professional membership and tuition and:
- Ö Employer's share of the cost of additional benefits including financial planning services and retirement planning services
- S The Council's Chief Executive Officer (CEO) is retained through a 5 year contact, which holds the Council harmless of any related overtime, benefits or supplementary retirement
- Position modified to report directly to CEO April 1, 2008.
- (7) Position established April 1, 2008

### Alphabetical List of Entities' Financial Statements in Ministry 2008/2009 Annual Reports

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	Ministry Annual Report
Access to the Future Fund	Advanced Education and Technology
Agriculture Financial Services Corporation	Agriculture and Rural Development
Alberta Alcohol and Drug Abuse Commission	Health and Wellness
Alberta Cancer Prevention Legacy Fund	Finance and Enterprise
Alberta Capital Finance Authority	Finance and Enterprise
Alberta Energy and Utilities Board <sup>1</sup>	Energy
Alberta Enterprise Corporation <sup>2</sup>	Advanced Education and Technology
Alberta Foundation for the Arts	Culture and Community Spirit
Alberta Gaming and Liquor Commission	Solicitor General and Public Security
Alberta Heritage Foundation for Medical Research Endowment Fund	Finance and Enterprise
Alberta Heritage Savings Trust Fund	Finance and Enterprise
Alberta Heritage Scholarship Fund	Finance and Enterprise
Alberta Heritage Science and Engineering Research Endowment Fund	Finance and Enterprise
Alberta Historical Resources Foundation	Culture and Community Spirit
Alberta Insurance Council	Finance and Enterprise
Alberta Investment Management Corporation <sup>3</sup>	Finance and Enterprise
Alberta Livestock and Meat Agency <sup>4</sup>	Agriculture and Rural Development
Alberta Local Authorities Pension Plan Corporation	Finance and Enterprise
Alberta Pensions Administration Corporation	Finance and Enterprise
Alberta Petroleum Marketing Commission	Energy
Alberta Research Council Inc.	Advanced Education and Technology
Alberta Risk Management Fund	Finance and Enterprise
Alberta School Foundation Fund	Education
Alberta Securities Commission	Finance and Enterprise
Alberta Social Housing Corporation	Housing and Urban Affairs
- A	

<sup>1</sup> Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

<sup>2</sup> The Act was proclaimed and came into force on December 5, 2008.

<sup>3</sup> Began operations July 1, 2008.

<sup>4</sup> Incorporated on January 29, 2009

Ministry, Department, Fund or Agency	Ministry Annual Report				
Alberta Sport, Recreation, Parks and Wildlife Foundation	Tourism, Parks and Recreation				
Alberta Treasury Branches	Finance and Enterprise				
Alberta Utilities Commission <sup>1</sup>	Energy				
ATB Insurance Advisors Inc.	Finance and Enterprise				
ATB Investment Management Inc.	Finance and Enterprise				
ATB Investment Services Inc.	Finance and Enterprise				
ATB Securities Inc.	Finance and Enterprise				
Child and Family Services Authorities: Calgary and Area Child and Family Services Authority Central Alberta Child and Family Services Authority East Central Alberta Child and Family Services Authority Edmonton and Area Child and Family Services Authority North Central Alberta Child and Family Services Authority Northeast Alberta Child and Family Services Authority Northeast Alberta Child and Family Services Authority Northwest Alberta Child and Family Services	Children and Youth Services				
Authority Southeast Alberta Child and Family Services Authority Southwest Alberta Child and Family Services Authority Métis Settlements Child and Family Services					
Authority					
C-FER Technologies (1999) Inc.	Advanced Education and Technology				
Climate Change and Emissions Management Fund <sup>5</sup>	Environment				
Credit Union Deposit Guarantee Corporation	Finance and Enterprise				

<sup>1</sup> Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

<sup>5</sup> Began operations July 1, 2007.

# Ministry, Department, Fund or Agency Ministry Annual Report Colleges: Advanced Education and Technology

Alberta College of Art and Design

**Bow Valley College** 

Grande Prairie Regional College

Grant MacEwan College

Keyano College

Lakeland College

Lethbridge Community College

Medicine Hat College

Mount Royal College

NorQuest College

Northern Lakes College

Olds College

Portage College

Red Deer College

Department of Advanced Education and Technology

Department of Agriculture and Rural Development

Department of Children and Youth Services

Department of Culture and Community Spirit

Department of Education

Department of Energy

Department of Finance and Enterprise

Department of Environment

Department of Health and Wellness

Department of Housing and Urban Affairs

Department of Municipal Affairs

Department of Seniors and Community Supports

Department of Solicitor General and Public Security

Department of Sustainable Resource Development

Department of Tourism, Parks and Recreation

Energy Resources Conservation Board<sup>1</sup>

Environmental Protection and Enhancement Fund

Gainers Inc.

Advanced Education and Technology Agriculture and Rural Development

Children and Youth Services

Culture and Community Spirit

Education

Energy

Finance and Enterprise

Environment

Health and Wellness

Housing and Urban Affairs

**Municipal Affairs** 

Seniors and Community Supports

Solicitor General and Public Security

Sustainable Resource Development

Tourism, Parks and Recreation

Energy

Sustainable Resource Development

Finance and Enterprise

<sup>1</sup> Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

Ministry, Department, Fund or Agency	Ministry Annual Report
Government House Foundation	Culture and Community Spirit
Historic Resources Fund	Culture and Community Spirit
Human Rights, Citizenship and Multiculturalism Education Fund	Culture and Community Spirit
iCORE Inc.	Advanced Education and Technology
Lottery Fund	Solicitor General and Public Security
Ministry of Aboriginal Relations <sup>6</sup>	Aboriginal Relations
Ministry of Advanced Education and Technology	Advanced Education and Technology
Ministry of Agriculture and Rural Development	Agriculture and Rural Development
Ministry of Children and Youth Services	Children and Youth Services
Ministry of Culture and Community Spirit	Culture and Community Spirit
Ministry of Education	Education
Ministry of Employment and Immigration <sup>6</sup>	<b>Employment and Immigration</b>
Ministry of Energy	Energy
Ministry of Environment	Environment
Ministry of Executive Council <sup>6</sup>	Executive Council
Ministry of Finance and Enterprise	Finance and Enterprise
Ministry of Health and Wellness	Health and Wellness
Ministry of Housing and Urban Affairs	Housing and Urban Affairs
Ministry of Infrastructure <sup>6</sup>	Infrastructure
Ministry of International and Intergovernmental Relations <sup>6</sup>	International, and Intergovernmental Relations
Ministry of Justice <sup>6</sup>	Justice
Ministry of Municipal Affairs	Municipal Affairs
Ministry of Seniors and Community Supports	Seniors and Community Supports
Ministry of Service Alberta <sup>6</sup>	Service Alberta
Ministry of Solicitor General and Public Security	Solicitor General and Public Security
Ministry of Sustainable Resource Development	Sustainable Resource Development
Ministry of Tourism, Parks, and Recreation	Tourism, Parks, and Recreation
Ministry of Transportation <sup>6</sup>	Transportation
Ministry of the Treasury Board <sup>6</sup>	Treasury Board
N.A. Properties (1994) Ltd.	Finance and Enterprise
Natural Resources Conservation Board	Sustainable Resource Development

6 ministry includes only the departments so separate financial statements are not necessary.

### Ministry, Department, Fund or Agency Ministry Annual Report Persons with Developmental Disabilities Community Seniors and Community Supports Boards: Calgary Region Community Board

Central Region Community Board **Edmonton Region Community Board** Northeast Region Community Board Northwest Region Community Board South Region Community Board

Provincial Judges and Masters in Chambers Reserve Fund

Regional Health Authorities and Provincial Health Health and Wellness Boards:

Alberta Cancer Board

Alberta Mental Health Board

Aspen Regional Health Authority

Calgary Health Region

Capital Health

Chinook Regional Health Authority

David Thompson Regional Health Authority

East Central Health

Health Quality Council of Alberta

Northern Lights Health Region

Peace Country Health

Palliser Health Region

Safety Codes Council

School Boards and Charter Schools:

Almadina School Society

Aspen View Regional Division No. 19

Aurora School Ltd.

Battle River Regional Division No. 31

Black Gold Regional Division No. 18

Boyle Street Education Centre

Buffalo Trail Public Schools Regional Division No. 28

Finance and Enterprise

Municipal Affairs

Education

### Ministry, Department, Fund or Agency

Ministry Annual Report

Calgary Arts Academy Society

Calgary Girls' School Society

Calgary Roman Catholic Separate School District

Calgary School District No. 19

Calgary Science School Society

Canadian Rockies Regional Division No. 12

CAPE-Centre for Academic and Personal Excellence Institute

Chinook's Edge School Division No. 73

Christ the Redeemer Catholic Separate Regional Division No. 3

Clearview School Division No. 71

East Central Alberta Catholic Separate Schools Regional Division No. 16

East Central Francophone Education Region No. 3

Edmonton Catholic Separate School District No. 7

Edmonton School District No. 7

Elk Island Catholic Separate Regional Division No. 41

Elk Island Public Schools Regional Division No. 14

Evergreen Catholic Separate Regional Division No. 2

FFCA Charter School Society

Foothills School Division No. 38

Fort McMurray Roman Catholic Separate School District No. 32

Fort McMurray School District No. 2833

Fort Vermilion School Division No. 52

Golden Hills School Division No. 75

Grande Prairie Public School District No. 2357

Grande Prairie Roman Catholic Separate School District No. 28

Grande Yellowhead Regional Division No. 35

### Ministry, Department, Fund or Agency

Ministry Annual Report

Grasslands Regional Division No. 6

Greater North Central Francophone Education Region No. 2

Greater Southern Public Francophone Education Region No. 4

Greater Southern Separate Catholic Francophone Education Region No. 4

Greater St. Albert Catholic Regional Division No. 29

High Prairie School Division No. 48

Holy Family Catholic Regional Division No. 37

Holy Spirit Roman Catholic Separate Regional Division No. 4

Horizon School Division No. 67

Lakeland Roman Catholic Separate School District No. 150

Lethbridge School District No. 51

Living Waters Catholic Regional Division No. 42

Livingstone Range School Division No. 68

Medicine Hat Catholic Separate Regional Division No. 20

Medicine Hat School District No. 76

Moberly Hall School Society

Mother Earth's Children's Charter School Society

New Horizons Charter School Society

Northern Gateway Regional Division No. 10

Northern Lights School Division No. 69

Northland School Division No. 61

Northwest Francophone Education Region No. 1

Palliser Regional Division No. 26

Parkland School Division No. 70

Peace River School Division No. 10

Peace Wapiti School Division No. 76

Pembina Hills Regional Division No. 7

### Ministry, Department, Fund or Agency

Ministry Annual Report

Prairie Land Regional Division No. 25

Prairie Rose School Division No. 8

Red Deer Catholic Regional Division No. 39

Red Deer School District No. 104

Rocky View School Division No. 41

St. Albert Protestant Separate School District No. 6

St. Paul Education Regional Division No. 1

St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38

Sturgeon School Division No. 24

Suzuki Charter School Society

Westmount Charter School Society

Westwind School Division No. 74

Wetaskiwin Regional Division No. 11

Wild Rose School Division No. 66

Wolf Creek School Division No. 72

Supplementary Retirement Plan Reserve Fund

Technical Institutes and The Banff Centre:

Northern Alberta Institute of Technology

Southern Alberta Institute of Technology

The Banff Centre for Continuing Education

Universities:

Athabasca University

The University of Alberta

The University of Calgary

The University of Lethbridge

Victims of Crime Fund

The Wild Rose Foundation

Finance and Enterprise

Advanced Education and Technology

Advanced Education and Technology

Solicitor General and Public Security Culture and Community Spirit

Fund or Agency	Ministry Annual Report
Alberta Foundation for Health Research	Advanced Education and Technology
Alberta Heritage Foundation for Medical Research	Advanced Education and Technology
Alberta Heritage Foundation for Science and Engineering Research	Advanced Education and Technology
Alberta Teachers' Retirement Fund Board	Education
Improvement Districts' Trust Account	Municipal Affairs
Local Authorities Pension Plan	Finance and Enterprise
Long-Term Disability Income Continuance Plan — Bargaining Unit	Treasury Board
Long-Term Disability Income Continuance Plan — Management, Opted Out and Excluded	Treasury Board
Management Employees Pension Plan	Finance and Enterprise
Provincial Judges and Masters in Chambers (Registered) Pension Plan	Finance and Enterprise
Public Service Management (Closed Membership) Pension Plan	Finance and Enterprise
Public Service Pension Plan	Finance and Enterprise
Special Areas Trust Account	Municipal Affairs
Special Forces Pension Plan	Finance and Enterprise
Supplementary Retirement Plan for Public Service Managers	Finance and Enterprise
Workers' Compensation Board	Employment and Immigration

## **Ministry Contacts**

For further information regarding the contents of this annual report please contact:

Position	Name	Phone Number			
Minister of Health and Wellness	Ron Liepert	780-427-3665 Fax: 780-415-0961			
Deputy Minister of Health and Wellness	Linda Miller	780-422-0747 Fax: 780-427-1016			
Community and Population Health Assistant Deputy Minister	Margaret King	780-427-7142 Fax: 780-422-3671			
Corporate Support Acting Assistant Deputy Minister	Martin Chamberlain	780-427-0885 Fax: 780-422-3672			
Financial Accountability Acting Assistant Deputy Minister	Martin Chamberlain	780-427-0885 Fax: 780-422-3672			
Health Policy and Service Standards Assistant Deputy Minister	Susan Williams	780-427-2653 Fax: 780-415-0570			
Health System Performance and Information Management Acting Assistant Deputy Minister and Chief Information Officer	Mark Brisson	780-427-5280 Fax: 780-422-5176			
Health Workforce Assistant Deputy Minister	Glenn Monteith	780-427-3274 Fax: 780-415-8455			
Communications Director	Andy Weiler	780-427-7164 Fax: 780-427-1171			
Human Resources Executive Director	Rick Brick	780-427-1060 Fax: 780-422-1700			